MAXIMUS Federal Services

Case Number:	CM14-0098143		
Date Assigned:	07/30/2014	Date of Injury:	10/16/2012
Decision Date:	03/10/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female with an industrial injury dated 10/16/2012. The diagnoses included hand pain and right DeQuervain's tenosynovitis. The diagnostics included magnetic resonance imaging. The treatments were medications, injections and physical therapy. The treating provider's progress note described constant right thumb pain and with DeQuervain's release surgery, there was an improvement. The only medication noted in the treatment narratives to provide some relief was Naprosyn which was authorized in U.R. The Ondansetron was requested due to nausea from muscle relaxants. Noted was tenderness at the wrist. The UR determination denied request on 6/6/2014 for:1. Orphenadrine Citrate ER 100mg #120, citing MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants2. Ondansetron ODT 8mg #60, citing ODG, Pain, Mosby's Drug Consult 3. Tramadol Hydrochloride ER 150mg #90, citing MTUS Chronic Pain Treatment Guidelines, Opioids4. Terocin Patch #30, citing MTUS Chronic Pain Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: MTUS Guidelines are very specific recommending that Orphenadrine should not be utilized on a long-term basis. In addition, no muscle spasm is documented in associated with the thumb tendonitis. Under these circumstances the Orphenadrine Citrate ER 100mg. #120 is not supported by Guidelines and is not medically necessary.

Ondansetron ODT tablets 8 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Odansetron www.drugs.com/ondansetron.html

Decision rationale: MTUS Guidelines do not address this medication. Ondansetron is a very potent antiemetic with recommended use limited to immediate post operative states or symptoms associated with chemotherapy. ODG Guidelines specifically do not recommend its use for nausea associated with more routine medications such as opioids. The documented use is due to nausea from Orphenadrine which is not Guideline recommended. The Ondansetron ODT tablets 8mg #60 is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines are very specific regarding the necessary standards to be met to justify the long-term use of Opioids. These standards include clear quantified documentation of pain relief, specifically how the individual utilizes the mediation, the length of pain relief and any resulting functional benefits. None of these standards have been meet. Under these circumstances, the Tramadol Hydrocholride ER 150nmg. #90 is not supported by Guidelines and is not medically necessary.

Terocin Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.