

Case Number:	CM14-0098457		
Date Assigned:	09/23/2014	Date of Injury:	05/22/2013
Decision Date:	01/20/2015	UR Denial Date:	06/11/2014
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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old male with an injury date of 05/22/13. Based on the 10/17/14 progress report, the patient complains low back pain. The patient underwent a posterior spinal fusion on 02/07/14. Due to an infection and necrotic tissue, the patient underwent a second surgery on 02/28/14. The patient had lumbar epidural steroid injection on 10/14/13. Naproxen, Cyclobenzaprine, Omeprazole, Tramadol and Terocin Patches requested to authorization on 10/18/13. The treater noted that the patient has failed the lumbar epidural block on 11/19/13. The patient underwent an IM injection of Toradol and Marcaire; also IM injection of vitamin B-12 complex. X-ray of the cervical spine reveal disc replacement at C5/6 and C6/7 on 01/16/14. The treater requested Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Tramadol, Levoflozacin and Terocin Patches on 03/19/14. On 06/01/14, the treater requested authorization for Naproxen, Orphenadrine, Ondansetron, Omeprazole, Tramadol and Terocin Patches. On 06/16/14, the treater noted that the low back pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks and medications refilled. On 06/19/14, there is low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks and the patient refilled medications. Per 07/24/14, the low back pain rated 4/10 and that patient complains low back pain that radiates into lower extremities. Per 10/17/14 physical examination showed muscle spasm on the left side of the lumbar spine. There is tenderness on the lumbar paraspinals and tenderness on the left lumbar spinous process with questionable palpable hardware. His diagnoses include following: 1. Status post initial lumbar laminectomy/microscopic hemilaminectomy with discectomy at L4-5 on the left, May 7, 2010. 2. Status post new injury to the lumbar spine dated May 22, 2013. 3. L4-5 and L5-S1 fusion with posterior instrumentation

and interbody fusion, 02/07/14.4. Wound infection in the lumbar spine with debridement and incision and drainage on 02/28/14.5. Subcutaneous hardware palpated in the lumbar spine. The treating physician is requesting Ondansetron ODT 8mg #30x2, Omeprazole Delayed-release capsules 20mg #120, and Terocin Patch #30. The utilization review determination being challenged is dated 06/11/14. The requesting physician provided treatment reports from 04/24/14 and 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 x 2 = #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: Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Ondansetron (Zofran)

Decision rationale: This patient presents with low back pain. The request is for Ondansetron ODT 8mg #60. ODG guidelines have the following regarding Ondansetron: Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for chemo-induced or post-operative nausea. In this case, the reports provided show no discussion as to why this medication is being prescribed. Review of report shows the patient had surgery on 02/07/14 and 02/28/14. However, there is no indication of chemotherapy or post-operative nausea in the reports. The request is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with low back pain. The request is for Omeprazole delayed -release capsules 20mg #120. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is not on oral NSAIDs to consider PPI for prophylactic use. Review of the reports does not show evidence of gastric problems that would require treatments with PPI's. There is no mention of any problems with GI issues. The request is not medically necessary.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch)

Decision rationale: This patient presents with low back pain. The request is for Terocin Patch #30. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. There is no indication of peripheral and localized neuropathic pain. The request is not medically necessary.