

Case Number:	CM14-0101576		
Date Assigned:	07/30/2014	Date of Injury:	01/22/2010
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/01/2014

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 Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 60-year-old female who reported an injury on 01/22/2010. The clinical note dated 04/17/2014 is handwritten and hard to decipher. The injured worker reported constant neck and back pain. On physical examination, there was tenderness to the cervical and lumbar spine with spasms. The injured worker had a positive straight leg raise and positive Spurling's test with decreased range of motion. The injured worker's treatment plan included cervical spine and lumbar spine epidural, acupuncture therapy, medication refill, and followup appointments. The injured worker's medication regimen was not provided for review. The injured worker's prior treatments were not provided for review. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetic.

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

Decision rationale: The request for is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for nausea or vomiting. In addition, it was not indicated if the injured worker was utilizing this medication or if this was a first time request. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Orphenadrine Citrate ER 100mg #120: Upheld

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

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

Decision rationale: The request for Orphenadrine Citrate ER 100mg #120 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It was not indicated if the injured worker was utilizing this medication or if this was a first time request. In addition, if the injured worker was utilizing this medication, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request 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): 111-112.

Decision rationale: The request for 10 terocin patches is not medically necessary. The Terocin patch contains (methyl salicylate/capsaicin/menthol/lidocaine 25/0.025/10/2.5%)The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether

creams, lotions or gels) are indicated for neuropathic pain. There was lack of documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy or post metastatic pain to warrant the use of capsaicin. In addition, the guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request did not provide a frequency or dosage for the medication. Additionally, it was not indicated if the injured worker was utilizing this medication; If the injured worker was, there was lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request is not medically necessary.