MAXIMUS Federal Services

Case Number:	CM14-0022728		
Date Assigned:	06/11/2014	Date of Injury:	04/10/2013
Decision Date:	08/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; topical agents; unspecified amounts of physical therapy; earlier triceps tendon repair surgery; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated January 29, 2014, the claims administrator approved a request for Naprosyn, partially certified a request for cyclobenzaprine, and denied a request for Ondansetron, approved a request for Omeprazole, approved a request for Tramadol, and denied a request for topical Terocin patches. The Utilization Review Report was approximately 16 pages long. The applicant's attorney subsequently appealed.In a progress note dated October 7, 2013, the applicant presented with persistent complaints of low back pain and physical therapy was endorsed. The applicant was described as having retired from his formal employment at the Los Angeles County. In an October 11, 2013 progress note, the applicant was placed off of work, on total temporary disability. The applicant's medication list was not detailed on this occasion.Similarly, on July 26, 2013, the applicant was again placed off of work, on total temporary disability. The applicant's medication profile was not discussed. There was no mention of medication efficacy in any of the progress notes in question. Several of the medications in question were endorsed via a prescription form dated October 14, 2013. This form employed preprinted checkboxes. On that date, Naprosyn, Flexeril, Ondansetron, Omeprazole, Tramadol, and Terocin were refilled, using preprinted checkboxes. There were no narrative commentary attached, and no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHORIDE 7.5 MG, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE TOPIC Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications, both oral and topical. Adding cyclobenzaprine or Flexeril to the mix is not reccomended. Therefore, the request is not medically necessary.

ONDANSETRON 8 MG, QTY: 30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TWC PAIN PROCEDURE SUMMARY AND THE MOSBY'S DRUG CONSULT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION (FDA), ONDANSETRON MEDICATION GUIDE:HTTP://WWW.FDA.GOV/DRUGS/DRUGSAFETY/POSTMARKETDRUGSAFETYINFORMATIONFORPATIENTSANDPROVIDERS/UCM271924.HTM ONDANSETRON (MARKETED AS ZOFRAN) INFORMATION.

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling medical evidence to support such usage. In this case, Ondansetron, per the Food and Drug Administration (FDA), is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant has had any recent surgery, has undergone radiation therapy, and/or cancer chemotherapy. No rationale for selection and/or ongoing usage of Ondansetron was proffered by the attending provider. The prescription in question was endorsed via preprinted checkboxes with no justification or medical evidence submitted to support usage of the same. Therefore, the request is not medically necessary.

TEROCIN PATCH, QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Flexeril, Tramadol, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. No rationale for selection and/or ongoing usage of the same was proffered in the face of the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.