

Case Number:	CM14-0014886		
Date Assigned:	02/28/2014	Date of Injury:	05/22/2009
Decision Date:	06/03/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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: Texas, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 40 year old male, who sustained an industrial injury, May 22, 2009. The mechanism of injury was not provided. The injured worker previously received the following treatments Naproxen, Cyclobenzaprine, Sumatriptan Succinate, Ondansetron, Omeprazole, Tramadol, Levofloxacin and Terocin Patches, cervical spine MRI, physical therapy, EMG/NCV (electromyography/nerve conduction velocity studies) studies of the upper extremities. The injured worker was diagnosed with cervicalgia, knee pain, foot/ankle pain, cervical discopathy, left knee internal derangement, sprain/strain of the right ankle, sprain/strain/contusion right forearm and right carpal tunnel syndrome. According to progress note of January 17, 2014, the injured workers chief complaint was suffering an acute exacerbation of pain and spasms. The injured worker suffers from a chronic injury, when presenting to the office was suffering an acute exacerbation of pain and spasms and Cyclobenzaprine was prescribed. The injured worker was suffering from migrainous symptoms, Sumatriptan Succinate was prescribed. Ondansetron for the nausea associated with migraines. The injured worker was being treated with Omeprazole for prevention of gastrointestinal problems from taking Naproxen. The injured worker was taking Tramadol and Terocin Patches for pain and exacerbation of current cervical spine pain. The Levofloxacin was prescribed for prevention of postoperative infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SUMATRIPTAN SUCCINATE 25MG, #9 (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, Pain Chapter, Medical Food.

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

Decision rationale: The Official Disability Guidelines indicate that Triptans are recommended for the treatment of migraines. The documentation indicated the injured worker was utilizing the medication for migrainous type headaches. However, the efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for Prescription Of Sumatriptan Succinate 25mg, #9 (With 2 Refills) is not medically necessary.

PRESCRIPTION OF ONDANSETRON 8MG, #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), Zofran (Ondansetron).

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

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron to treat opioid induced nausea. It is recommended for postoperative nausea and vomiting. The clinical documentation submitted for review indicated the injured worker was utilizing the medication to treat the nausea associated with migraines. This would not be appropriate per the referenced guidelines. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for Prescription Of Ondansetron 8mg, #30 (With 2 Refills) is not medically necessary.

PRESCRIPTION OF TRAMADOL HCL 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request For Prescription of Tramadol HCL ER 150MG, #90 is not medically necessary.

PRESCRIPTION OF TEROGIN 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 Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111,112. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency, body part and strength for the requested medication. Given the above, the request for Prescription Of Terocin Patch, #30 is not medically necessary.