

<b>Case Number:</b>	CM14-0032349		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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: Georgia, California, Texas

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 42 year old female, who sustained a work related injury on 1/30/13. The diagnoses have included low back pain, lumbar disc displacement and lumbar radiculopathy. Treatments to date have included oral medications and rest. She complains of constant low back pain with pain that radiates down left leg. She complains of weakness in the left leg. She has tenderness to palpation of lower back. On 2/27/14, Utilization Review non-certified prescription requests for Ondansetron ODT 8mg., #60, Tramadol HCL 150mg. ER, #90 and Terocin patch #30. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines and ODG were cited. On 2/27/14, Utilization Review certified prescription requests for Naproxen sodium tab 550mg., #100, Cyclobenzaprine 7.5mg., #120, and Omeprazole delayed release capsule 20mg., #120. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics (for opioid nausea), Ondansetron (Zofran®)

**Decision rationale:** ODG does not recommend ondansetron for treatment of nausea and vomiting secondary to chronic opioid use. ODG notes FDA indications for ondansetron including treatment of nausea and vomiting secondary to chemotherapy and radiation treatment; postoperative use; and acute use for gastroenteritis. Treating physician has indicated that ondansetron use in this case off-label for treatment of nausea and vomiting associated with use of cyclobenzaprine (a drug not recommended for chronic use by MTUS). However, there is no detailed description of a pattern of nausea and vomiting in the treatment notes, and sufficient rationale is not documented in this case to support ongoing use of an antiemetic. Medical necessity is not established for the requested ondansetron.

**Tramadol HCL 150 mg ER #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of documented symptomatic or functional response to tramadol, as well as lack of a documented signed narcotic medication agreement or ongoing monitoring for evidence of adverse medication behavior, medical necessity is not established for the requested tramadol per MTUS criteria.

**Terocin patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105 and 111-113 of 127.

**Decision rationale:** The active ingredients of Terocin patch include menthol 4% and lidocaine 4%. MTUS does not recommend use of topical lidocaine unless there has been previous trial of a first-line drug for neuropathic pain (an antiepilepsy drug such as gabapentin or an

antidepressant such as amitriptyline). No trial of a first-line drug for neuropathic pain is documented in this case. Lidoderm patch is the only form of topical lidocaine recommended for treatment of chronic pain by MTUS. While MTUS supports topical salicylates, there is no documented evidence in this case of a previous trial of over-the-counter salicylates (Bengay, Salonpas patch, etc). Based upon an ingredient inconsistent with MTUS recommendations (topical lidocaine) in this case, medical necessity is not established for the requested Terocin patch.