

Case Number:	CM15-0011608		
Date Assigned:	01/28/2015	Date of Injury:	09/05/2013
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 49 year old female with an industrial injury date 09/05/2013. She presents for follow up on 12/17/2014 with complaints of dull pain in right knee, limping and discomfort when walking upstairs. X-rays were taken of the right knee and right tibia showing no increase of osteoarthritis. Prior treatments include Hyalgan injections to right knee (ultrasound guided medications and surgery of right knee in June 2014. Diagnosis was early to moderate degenerative arthritis of the right knee. On 01/12/2015 utilization review issued the following decision: Keratek Gel 4 oz bottle # 1 was non-certified. MTUS was cited. Hydrocodone 10/325 mg/APAP/Ondansetron 300/2 mg # 60 was modified to a quantity of 40. MTUS was cited. Regarding Ondansetron PDR, 2009 page 1688 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325MG/APAP/Ondansetron Quantity: 60(Rx 10/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79. Decision based on Non-MTUS Citation Pain, antiemetics

Decision rationale: The request for Hydrocodone/APAP is not medically necessary. There is no documentation of improvement in pain and functional capacity. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. MTUS does not address the use of Ondansetron. According to ODG guidelines, ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient does not have any documented complaints. The patient is not being treated with chemotherapy, for cancer pain, or post-operative pain. Because of these reasons, the request is considered medically unnecessary.

Kera Teck Gel 4oz Bottle (Rx 10/29/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, methyl salicylates Page(s): 111-113, 104.

Decision rationale: The request for Kera Teck gel (menthol, methyl salicylate) is medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol complaints. Topical analgesics are used when patient is unable to tolerate oral medications. Therefore, the request is considered medically necessary at this time.