

Case Number:	CM14-0102373		
Date Assigned:	07/30/2014	Date of Injury:	05/24/2011
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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:

This is a 54-year-old male patient with a 5/24/11 date of injury. He injured himself during patrol duties. A progress report dated 6/11/12 indicated that the patient recently underwent bilateral hip arthroscopy to reduce chronic pain. The patient did not have sensory deficits. He reported impaired endurance, coordination and limited range of motion. The patient stated he had 2/10 pain level on the rest and 8/10 with activity. He was diagnosed with Bilateral hip osteoarthritis, Esophageal reflux and Lumbago. Treatment to date: medication management and physical therapy. There is documentation of a previous 6/6/14 adverse determination for Ondasetron, based on the fact that there was no documentation in regards to ongoing nausea and vomiting. Orphenadrin Citrate was not certified, because muscle relaxants were recommended for short-term use only. Tramadol HCL ER was not certified based on the fact that there was lack of documentation of pain assessment, pain scores and appropriate use of medication. Terocin patches were not certified, because there was no documentation of failure of first line medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

Decision rationale: CA MTUS does not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, the patient is almost two years s/p hip replacement surgery. He was diagnosed with esophageal reflux and received Omeprazole for that disorder. However, there was no documentation supporting nausea or vomiting. In addition, there was no evidence of chemotherapy or radiation therapy. Therefore, the request for Ondansetron ODT 8mg #60 is not medically necessary.

Orphenadrine Citrate ER 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient reported on pain of 2/10 with rest and 8/10 with activity. He was prescribed NSAIDs. However, there was no documentation supporting efficacy of NSAID use. In addition, CA MTUS cites that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Therefore, the request for Orphenadrine Citrate ER 100mg #120 is not medically necessary.

Tramadol HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. The patient was prescribed another opiate analgesic, Vicodin. However, there was no documentation showing failure of this medication. His pain level at rest was 2/10. In addition, there was no urine drug screen test available in the medical records. There

was no evidence of pain contract. Therefore, the request for Tramadol HCL ER 150mg #90 is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there was no documentation supporting failure of first line treatment. In addition, there was no evidence of significant pain relief following of Terocin patches use. Therefore, the request for Terocin Patch #30 is not medically necessary.