

Case Number:	CM14-0030693		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2011
Decision Date:	11/03/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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: Florida

Certification(s)/Specialty: Neurology, 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 is a 59-year-old male who sustained an industrial injury on 2-24-11. A review of the medical records indicates he is undergoing treatment for cervical discopathy, internal derangement of bilateral shoulders, left cubital syndrome, lumbar discopathy, status post right total knee arthroplasty on 1-5-12, status post right knee arthroscopic surgery on 3-14-13, bilateral plantar fasciitis, left hip greater trochanteric bursitis as a compensable consequence subsequent to his right total knee arthroplasty, and status post right foot surgery. Medical records (1-9-14 to 2-7-14) indicate "some residual symptomology in both the cervical and lumbar spine" and "some residual headaches and migraines", as well as "symptomology in bilateral shoulders, left elbow, left hip, right knee, and right foot is essentially unchanged". The physical exam (1-9-14) indicates tenderness of the bilateral shoulder anteriorly, tenderness at the olecranon fossa of the left elbow with positive Tinel's sign at the elbow, tenderness at the lumbar paravertebral muscles, tenderness at the lateral aspect of the left hip with positive Fabere sign, residual weakness of the right knee, and pain with standing on toes of the right foot. No orthopedic diagnostic studies were noted in the reviewed records. In addition to the above-noted surgeries, treatment has included a lumbar and cervical epidural block, an injection to the left shoulder, a home exercise program, and medications. A recommendation was made for C3-C7 anterior cervical microdiscectomy with implantation of hardware. This recommendation is pending authorization. The 1-29-14 progress note indicates that the injured worker may return to work without restrictions. A request for authorization (2-7-14) includes Naproxen sodium 550mg, #120, Cyclobenzaprine 7.5mg, #120, Ondansetron 8mg, #30 with 2 refills, Omeprazole

20mg, #120, Tramadol ER 150mg, #90, and Terocin patch, #30. The utilization review (2-17-14) indicates denial of Ondansetron, Tramadol, and Terocin. The rationale indicates as follows: 1. Ondansetron, "the available records lack a current clinical evaluation and rationale for the use of this medication" and that they "do not clearly reflect that the patient has experienced nausea and vomiting from previous medication regimen", as well as "there is no documentation that the patient has failed other first line agents in the management of outpatient nausea and vomiting". 2. Tramadol ER, "the limited records lack clear documentation of recent urine drug test, risk assessment profile, attempt at weaning or tapering, and an updated and signed pain contract between the provider and claimant and ongoing efficacy with medication use". 3. Terocin patch, "treatment guidelines state that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no clear documentation of failure of anticonvulsants".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference - Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records do not indicate a condition of malignancy or ongoing treatment with chemotherapy for which ondansetron is supported as symptom management for nausea. The medical records do not support ondansetron for nausea related to medication. Ondansetron is supported in relation to cancer treatment condition. As the medical records do not indicate such condition, the treatment is not medically necessary in this setting.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the

period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as tramadol. Therefore, the request is not medically necessary.

Terocin patch 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.