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**Notice of Independent Medical Review Determination**

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/23/2013  
Date of Injury: 4/6/2013  
IMR Application Received: 5/30/2013  
MAXIMUS Case Number: CM13-0000513

- 1) MAXIMUS Federal Services, Inc. has determined the request for ondansetron ODT tablets 8mg #30 x 2 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL tablets 7.5mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Sumatriptan Succinate tablets 25mg #9 x2 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Medrox pain relief ointment 120gm **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/30/2013 disputing the Utilization Review Denial dated 5/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for ondansetron ODT tablets 8mg #30 x 2 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cyclobenzaprine HCL tablets 7.5mg #120 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Sumatriptan Succinate tablets 25mg #9 x2 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Medrox pain relief ointment 120gm **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 13, 2013:

**PR-2 dated 04/19/13 indicates that the claimant still has pain in the low back, right elbow, forearm, knees, and left leg. The claimant is working with difficulty due to pain. The claimant tolerates the medications well. On exam, there is tenderness in the bilateral knees with limited range of motion and motor weakness. There is mild diffuse tenderness in the paralumbar muscles, decreased range of motion, and strength. There is slight antalgic gait. There is mild tenderness in the bilateral wrist with limited range of motion and decreased strength. There is mild tenderness in the olecranon and lateral aspect of the right elbow, with decreased range of motion and strength. The provider recommends continued medications and additional physical therapy visits.**

PR-2 dated 04/26/13 indicates that the claimant states wrist is improving, but still has mild pain. The right elbow still hurts and pops. The bilateral knee and lumbar spine is still hurting and there is no improvement. The claimant is now 20 days out from the injury. The claimant is working. On exam, there is tenderness in the ulnar surface of the right wrist and radial aspect of the left wrist. There is medial joint line tenderness in the bilateral knee and mild diffuse swelling in the right knee and positive McMurray's test. There is mild tenderness in the paralumbar spine with limited range of motion. The provider recommends continued physical therapy, referral to ortho, and medications that include Naproxen 550mg and Tylenol 500mg. The claimant is on modified work.

#### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination Letter by Claims Administrator
- California Medical Treatment Utilization Schedule

Note: The Claims Administrator did not submit medical records in this case.

#### **1) Regarding the request for ondansetron ODT tablets 8mg #30 x 2:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Procedure Summary, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer relied on the ODG, Pain Chapter, Ondansetron (Zofran) section, which is a medical treatment guideline that is not part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 4/6/2013. Although the employee's working diagnosis was chronic pain, a formal working diagnosis was not provided in the records submitted and reviewed. The employee's symptoms include pain in the right wrist, bilateral knees, and bilateral hips. There is no documentation of nausea or chronic opioid usage. A request was submitted for ondansetron ODT tablets 8mg #30 x 2.

The ODG indicates that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Although the employee's working diagnosis was chronic pain, the formal working diagnosis was not provided in the records submitted and reviewed. Further, there is no documentation of nausea or use of chronic opioid medication. The request for ondansetron ODT tablets 8mg #30 x 2 **is not medically necessary and appropriate.**

## 2) Regarding the request for Cyclobenzaprine HCL tablets 7.5mg #120:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Procedure Summary, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured on 4/6/2013. Although the employee's working diagnosis was chronic pain, a formal working diagnosis was not provided in the records submitted and reviewed. The employee's symptoms include pain in the right wrist, bilateral knees, and bilateral hips. There is no documentation of nausea or chronic opioid usage. A request was submitted for Cyclobenzaprine HCL tablets 7.5mg #120.

The ODG only recommends use of Cyclobenzaprine for a short course of therapy. The guidelines indicate that muscle relaxants are recommended for a muscle spasm that is documented in exam findings. There is no documentation of muscle spasm in the records submitted and reviewed. The request for Cyclobenzaprine HCL tablets 7.5mg #120 **is not medically necessary and appropriate.**

## 3) Regarding the request for Sumatriptan Succinate tablets 25mg #9 x2:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Head Procedure Summary, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer relied on the Physician Desk Reference 2013, which is a nationally-recognized professional standard that is not part of the MTUS.

### Rationale for the Decision:

The employee was injured on 4/6/2013. Although the employee's working diagnosis was chronic pain, a formal working diagnosis was not provided in the records submitted and reviewed. The employee's symptoms include pain in the right wrist, bilateral knees, and bilateral hips. There is no documentation of nausea or chronic opioid usage. A request was submitted for Sumatriptan Succinate tablets 25mg #9 x2.

The Physician Desk Reference indicates that the requested medication may be appropriate as a treatment for migraine headaches. The records submitted and reviewed do not document the employee has migraine headaches. The documents submitted do not support the request. The request for Sumatriptan Succinate tablets 25mg #9 x2 **is not medically necessary and appropriate.**

**4) Regarding the request for Medrox pain relief ointment 120gm:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Procedure Summary, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics section, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/6/2013. Although the employee's working diagnosis was chronic pain, a formal working diagnosis was not provided in the records submitted and reviewed. The employee's symptoms include pain in the right wrist, bilateral knees, and bilateral hips. There is no documentation of nausea or chronic opioid usage. A request was submitted for Medrox pain relief ointment 120gm.

The MTUS Chronic Pain Guidelines state that topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be efficacious. Topical ointments are primarily recommended for neuropathic pain when trials of anti-depressant and anti-convulsant medications have failed. Medrox contains Methyl Salicylate 20.00%, Menthol 5.00%, and Capsaicin 0.0375%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS Chronic Pain Guidelines also state that if one of the medications in a compound is not recommended that the topical compound as a whole cannot be recommended. The request for Medrox pain relief ointment 120gm **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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