

<b>Case Number:</b>	CM13-0013205		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	09/01/1988
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

The patient is a 47-year-old male who sustained a work-related injury on 9/1/1988. The patient subsequently developed chronic back pain. According to the note dated 12/12/2011 the patient continued to have residual lumbar symptomatology. The patient's physical examination demonstrated lumbar tenderness in the lumbar paravertebral muscles and a dysesthesia at L5-S1 tenderness. The patient was treated with physical therapy which helped. The provider has requested authorization for the medications listed below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective request for 120 Cidaflex between 12/12/2011 and 12/12/2011:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate that Cidaflex (glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee arthritis. In this patient's case, the medical records submitted for review fail to show evidence that supports the efficacy of glucosamine for treatment of the patient's

medical condition. There is a lack of adequate evidence provided that shows that the patient has developed arthritis pain. Therefore, retrospective request for 120 Cidaflex between 12/12/2011 and 12/12/2011 is not medically necessary and appropriate.

**The retrospective requested treatment for 60 Ondansetron ODT 8mg between 12/12/2011 and 12/12/2011: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) section.

**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: "Anti-emetic effect of Ondansetron and palonosetron in thyroidectomy; a prospective, randomized, double-blind study." Br J Anaesth 108 (3), pages 417-422

**Decision rationale:** Ondansetron is an antiemetic drug for nausea and vomiting following chemotherapy. In this patient's case, the medical records submitted for review fail to provide evidence regarding the occurrence of medication induced nausea and vomiting. Therefore, the retrospective request for 60 Ondanestron ODT 8mg between 12/12/2011 and 12/12/2011 is not medically necessary.

**The retrospective request for 120 Omeprazole DR 20mg between 12/12/2011 and 12/12/2011: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI (Gastrointestinal), symptoms & cardiovascular.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that Omeprazole is indicated when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk gastrointestinal (GI) events. Guidelines further note that the risk for GI events are: (1) over 65 years of age; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose multi/multiple NSAID (e.g., NSAID + low dose ASA). In this patient's case, the medical records submitted for review provide no documentation supporting that the patient is at intermediate or high risk for developing gastrointestinal events. Therefore the retrospective request for 120 Omeprazole between 12/12/2011 and 12/12/2011 is not medically necessary.

**The retrospective request for (2) prescriptions of Medrox pain relief ointment 120mg between 12/12/2011 and 12/12/2011: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. Guidelines further indicate that many agents are combined to other pain medications for pain control and there is limited research to support the use of many of these agents. Guidelines also indicate that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this patient's case, the medical records submitted for review fail to document failure of an oral form of one or all of the compounds of the patch, such as Menthol, Capsaicin and Methyl Salicylate. Therefore, the retrospective requested for 2 prescriptions of Medrox between 12/12/2011 and 12/12/2011 is not medically necessary.