

Case Number:	CM13-0013347		
Date Assigned:	09/30/2013	Date of Injury:	06/07/2010
Decision Date:	01/27/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	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 Anesthesiology and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 06/07/2010. The mechanism of injury was noted to be continuous trauma. His diagnoses are listed as lumbar discopathy/facet arthropathy, rule out olecranon bursitis, double crush syndrome, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. His symptoms include neck pain, lower back pain, and a burning sensation to his left elbow. He also reported bilateral shoulder pain, left wrist pain, bilateral hip pain, bilateral knee pain, and left foot pain. His medications are listed as Medrox patch and ointment, ondansetron, tramadol, cyclobenzaprine, omeprazole, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #60 dispensed on 5/30/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Antiemetics

Decision rationale: The ODG state that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting

secondary to chemotherapy and radiation, postoperative use, and acute use for gastroenteritis. The patient was noted to be taking ondansetron tablets for nausea associated with the cyclobenzaprine, which he takes for his muscle spasms. It is stated that no other medication has alleviated the side effect, and he has described a relief of the nausea with the use of the medicine. As the patient is not noted to have nausea and vomiting secondary to chemotherapy, radiation, postoperatively, or for acute use for gastroenteritis; its use is not supported by guidelines. Additionally, as cyclobenzaprine is only approved for short term use, this medication was non-certified. As the cyclobenzaprine was non-certified, the use of ondansetron for nausea related to cyclobenzaprine use is not needed. For these reasons, the request is non-certified.

Cyclobenzaprine 7.5mg #120 dispensed on 5/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): s 41-42.

Decision rationale: California MTUS Guidelines state that cyclobenzaprine is recommended as an option only for a short course of therapy. It further states that the effect from this medication has been found to be greatest in the first 4 days of treatment, suggesting that shorter courses may be better. It further states that cyclobenzaprine should not be added to other agents. As the patient has been noted to be taking other medications, and has been on cyclobenzaprine for more than a short course of treatment, the continued use is not supported. Therefore, the request is non-certified.

Medrox ointment dispensed on 5/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topical Page(s): s 112-113; 105.

Decision rationale: Medrox ointment has been shown to include capsaicin, menthol, and methyl salicylate. California MTUS Guidelines states that topical medications are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that any compounded topical product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state that salicylate topicals are recommended, as they have been shown to be better for chronic pain than placebos. However, the documentation provided for review failed to include documentation of medications that the patient was intolerant to or did not respond to, in order to warrant the use of topical capsaicin. Therefore, the use of topical capsaicin is not recommended. As such, the compounded product,

Medrox ointment, which contains topical capsaicin, is not supported. Therefore, the request is non-certified.

Tramadol ER 150mg #90 dispensed on 5/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for the management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, a detailed pain assessment should include current pain, the least reported pain over period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Furthermore, the guidelines require specific documentation regarding the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to include these details as required by the guidelines for the ongoing management of opioid medications. With the absence of this documentation, the request is not supported. Therefore, the request is non-certified.