MAXIMUS Federal Services

Case Number:	CM13-0014606		
Date Assigned:	06/06/2014	Date of Injury:	02/06/2013
Decision Date:	07/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

The injured worker is a 50 year old male with a 2/6/13 date of injury with related neck, lower back, and upper and lower extremity pain. Per a 1/8/14 progress report, the injured worker complained of persistent neck pain that radiated to the left scapula area, upper trapezius muscles and upper extremities. His lower back pain radiated to the lower extremities with numbness and tingling. He also reported left knee pain. Per physical exam, the cervical spine was tender at the cervical paravertebral muscles and upper trapezius muscles with spasm noted. Axial loading compression test and Spurling's maneuver were positive. There was painful and restricted range of motion. There was dysesthesia in the C6 and C7 dermatomes. An exam of the lumbar spine revealed tenderness at the lumbar paravertebral muscles. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia in the L5 and S1 dermatomes. An MRI revealed 3-4mm disc bulge at C5-C6 and less prominent findings at other levels. An electrodiagnostic study of the upper extremities dated 6/4/13 revealed no indicators of carpal tunnel syndrome, ulnar neuropathy or acute cervical radiculopathy. He has been treated with physical therapy, chiropractic manipulation, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ONDASETRON ODT 8MG: 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 Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of Ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, Ondansetron is not medically necessary. The documentation submitted for review indicates that Ondansetron was prescribed to treat nausea caused by Cyclobenzaprine. Per the latest progress report dated 1/8/14, nausea was not listed as an active problem. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." A review of the submitted documentation indicates that Cyclobenzaprine has been in use since at least 3/2013. As the guidelines recommend it for short-term treatment, the request is not medically necessary.

90 TRAMADOL HYDROCHLORIDE ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 94.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines page 76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" A review of the submitted documentation indicates that naproxen has recently been approved for the injured worker's pain. The documentation contained no information noting the severity of the injured worker's pain, as Tramadol is indicated for moderate to severe pain, therefore the request is not medical necessity.

2 MEDROX OINTMENT 120GM: 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): 60, 105, 111-113.

Decision rationale: Medrox contains Capsaicin, Methyl Salicylate, and Menthol. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl Salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical Salicylate (e.g., Ben-Gay, methyl Salicylate) is significantly better than placebo in chronic pain." However, the California MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111which says any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary.