

Case Number:	CM13-0019969		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2007
Decision Date:	04/17/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine, 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 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 patient is a 53-year-old male who reported injury on 08/23/2007. The mechanism of injury was cumulative trauma. The documentation of 05/01/2012, indicated the patient had complaints of sharp pain in the cervical spine with pain radiating through the right shoulder. The patient had stiffness in the cervical region that was aggravated by turning his head side to side and tilting his head up and down. The patient had increased pain with prolonged sitting, standing, and walking. The patient complained of a sharp pain in the low back radiating into the hips and buttocks with pain radiating into the lower extremities. The objective examination revealed the patient had reproducible symptomatology persisting in the shoulder girdle. The patient's diagnoses were noted to include status post C3-6 total disc replacement with C6-7 junctional level pathology, L5-S1 (360 degree) lumbar arthrodesis and residual left shoulder pathology. The request was made for Medrox, Prilosec, Flexeril, Soma and Zofran and a surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS 10/25/2011 MEDROX PAIN RELIEF OINTMENT 120 GM TIMES TWO #240:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR US.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL SALICYLATES, TOPICAL ANALGESIC, TOPICAL.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for chronic pain. There was no clinical documentation submitted for review to support this request. Given the above, the request for DOS 10/25/2011 Medrox pain relief ointment 120 gm times two #240 is not medically necessary.

DOS 05/01/2012 LEVOFLOXACIN TABLETS 750MG #20: 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), INFECTIOUS DISEASE CHAPTER, LEVOFLOXACIN

Decision rationale: Official Disability Guidelines recommend levofloxacin as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The clinical documentation submitted for review indicated the physician was waiting for surgical authorization for the patient's cervical spine on 05/01/2012. There was a lack of documentation indicating a necessity and a documented rationale for the request. Given the above, the request for DOS 05/01/2012 levofloxacin tablets 750 mg #20 is not medically necessary.

DOS 05/01/2012 MEDROX PAIN OINTMENT 120 GM TIMES TWO #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR US.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL SALICYLATES, TOPICAL ANALGESIC, TOPICAL.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for chronic pain. Given the above, the request for DOS 05/01/2012 Medrox pain ointment 120 gm times two #240 is not medically necessary.

DOS 06/21/2011 OMEPRAZOLE DELAYED RELEASE CAPSULES 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. There was no clinical documentation submitted for date of service requested. As such, the request for DOS 06/21/2011 omeprazole delayed release capsules 20 mg #120 is not medically necessary.

DOS 03/13/2012 ONDANSETRON ODT TABLETS 8MG #30 TIMES TWO #60: 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 CHAPTER, ONDANSETRON.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, ONDANSETRON

Decision rationale: Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. There was no clinical documentation submitted for review to support this request. Given the above, the request for DOS 03/13/2012 Ondansetron ODT tablets 8 mg #30 times two #60 is not medically necessary.

DOS 03/13/2012 MEDROX PAIN RELIEF OINTMENT 120 GM TIMES TWO #240:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR US.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL SALICYLATES, TOPICAL ANALGESIC, TOPICAL.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for chronic pain. There was no clinical documentation submitted for review to support this request. Final Determination Letter for IMR Case Number [REDACTED] 6 Given the above, the request for DOS 03/13/2012 Medrox pain relief ointment 120 gm times two #240 is not medically necessary.

DOS 09/13/2011 MEDROX PAIN RELIEF OINTMENT 120 GM TIMES TWO #240:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR US.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL SALICYLATES, TOPICAL ANALGESIC, TOPICAL C.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. Capsaicin is not approved and Medrox is being used for

chronic pain. There was no clinical documentation submitted for review to support this request. Given the above, the request for DOS 09/13/2011 Medrox pain relief ointment 120 gm times two #240 is not medically necessary.