

<b>Case Number:</b>	CM13-0021126		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42-year-old male with a date of injury of 02/11/2013. The clinical impressions of [REDACTED] are preoperative consultation for left knee surgery, abnormal EKG and hyperlipidemia. According to report dated 06/03/2013 by [REDACTED], the patient presents for preoperative consultation for left knee arthroscopy. The preoperative consultation and diagnostic testings were significant for abnormal EKG. Based on examination and testings, the patient is at acceptable low risk for the scheduled surgery, and the patient may proceed as planned. The patient was also instructed to avoid aspirin and nonsteroid antiinflammatory medications. Recommendation is for Ondansetron tablets 4 mg #30, Medroxcin 120 mg ointment, Omeprazole 20 mg #90, and Terodoloricin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDASETRON ODT TABLETS 4MG #30 TIMES TWO (2): 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) Antiemetic.

**Decision rationale:** This patient presents with chronic knee pain and has been authorized for a left knee arthroscopy. The provider is requesting ondansetron tablets 4 mg #30. The California MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA approved indications. 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." The provider is prescribing a course of this medication for possible nausea or vomiting following patient's left knee arthroscopy. Recommendation is for approval.

**MEDROXIN 120GM OINTMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic knee pain and scheduled for left knee arthroscopy. The provider is requesting Medroxcin 120 mg ointment. The California MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The California MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%." The California MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.050% of Capsaicin which is not supported by MTUS. Therefore, the entire compound ointment is not recommended.

**OMEPRAZOLE 20MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** This patient presents with chronic knee pain and has been scheduled for a left knee arthroscopy. The provider is requesting Omeprazole 20 mg. The California MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." The California MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is

greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Provided in the medical file are 2 progress reports dated 04/04/2013 and 05/16/2013 and a pre-op consultation report from 06/03/2013. In this case, there are no discussions of gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI risk assessment. Recommendation is for denial.

**TERODOLORICIN 120ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic knee pain and has been scheduled for a left knee arthroscopy. The provider is requesting Terodoloricin/Terocin cream. Terocin topical cream contains Capsaicin, Methyl Salicylate, Menthol, and Lidocaine. The California MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per California MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.