

Case Number:	CM13-0021150		
Date Assigned:	12/04/2013	Date of Injury:	01/11/2010
Decision Date:	09/12/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	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 Occupational Medicine and is licensed to practice in Montana. 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 maintenance worker who sustained injury to the pelvis, left hip and left ribs in January 2010 when he fell from a ladder, landing on his left side. Imaging studies of the pelvis and left hip would show no fractures however, there were some bony changes of uncertain etiology in the left hip. He has been subsequently diagnosed with osteoarthritis and low back pain. Electrodiagnostic studies on 1/10/12 showed no evidence for lumbar radiculopathy. There was some indication of possible peripheral neuropathy, possibly related to his diabetes. He continues to have complaints of low back pain with radiation to his lower extremities, worse on the left. Treatment has included various medications, physical therapy and chiropractic treatment. The primary treating physician has requested cyclobenzaprine 7.5 mg #120, Medrox patches #30, and ondansetron ODT 4 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ONDANSETRON ODT 4MG, #60: 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,

ondansetron
Other Medical Treatment Guideline or Medical Evidence: Product information for ondansetron.

Decision rationale: The MTUS does not specifically address treatment with ondansetron. The ODG Guidelines note that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Product information documents the following indications; 1. Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin >50 mg/m². 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. 3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. 4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Ondansetron tablets, USP are recommended even where the incidence of postoperative nausea and/or vomiting is low. The request for on Ondanestron ODT 4 mg #60 is not medically necessary.

PRESCRIPTION OF TOPICAL MEDROX PATCH, #30: 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): 111-113.

Decision rationale: Medrox patches are combination medication using methyl salicylate, capsaicin and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counterirritant for muscle pain. The salicylate component is an anti-inflammatory agent. Topical nonsteroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The MTUS does not specifically address use of methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The use of menthol is not recommended in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Medrox patches #30 is not medically necessary.

PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG QUANTITY 120: Overturned

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 Anti-spasmodics, Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The medical records indicate use of Flexeril for periodic short courses of treatment. The utilization review denied Flexeril based on no documentation of muscle spasm and the recommendation not be used on a long term basis. The primary treating physician did provide a treatment note on 7/31/13 indicating palpable muscle spasm on examination on that date. He also noted that the medication would be used on a short term basis. After review of records the prior UR decision is reversed and the request for Cyclobenzaprine 7.5 mg #120 is medically necessary.