

<b>Case Number:</b>	CM13-0022023		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 36-year-old female who reported an injury on 11/29/2010. The mechanism of injury reported was usual and customary duties. The medical evaluation dated 05/06/2013 noted the injured worker reported pain to her upper back rated overall 8/10. The injured worker reported the pain to her mid back, low back, right knee, and right wrist were rated 7/10, and pain to the right shoulder was rated 8/10; the injured worker reported her pain was constant. The injured worker reported the pain was aggravated by pushing, lifting more than 5 pounds, stooping, and bending. The injured worker reported in addition to the pain, she had stiffness in her right knees; numbness in her arms and legs; tingling in the arms and legs; weakness in the right arm; swelling in the arms, feet, and back; grinding of the knees, and right wrist; locking of the right knee; and giving way of the right knee. The injured worker reported she got relief from using her TENS unit and taking her medications. The injured worker reported the pain wakes her up twice a night and it is hard to fall back asleep, and that the pain interferes with activities of daily living such as household chores, hygiene, and recreational activities. The injured workers medication regimen included acetaminophen 500 mg 2 or 3 times a day, tramadol 50 mg 1 or 2 every 6 hours, omeprazole 20 mg once a day, naproxen 550 mg as needed, and cyclobenzaprine 7.5 mg. An MRI of the cervical spine performed on 02/07/2011 revealed a 2 mm posterior disc protrusion at C4-5 and at C5-6 a 2 mm posterior disc protrusion. Upon exam, the cervical spine was noted to have tenderness on palpation from the occiput to C7 and midline over the bilateral paracervical muscles. Examination of the bilateral shoulders, showed tenderness to palpation over the superior, anterior, lateral, and posterior aspects of the bilateral shoulders. Range of motion of the shoulders on the left showed forward flexion 180 degrees, extension 50 degrees, abduction 170 degrees, internal rotation 80 degrees, external rotation 60 degrees, and abduction 40 degrees; right side range of motion showed forward

flexion 180 degrees, extension 50 degrees, abduction 170 degrees, internal rotation 80 degrees, external rotation 160 degrees, abduction 40 degrees. Upon the sensory testing of the bilateral wrists using the Semmes-Weinstein monofilament and 2-point discriminator, there are gross discrepancies on the sensory testing in the median and the ulnar nerves bilaterally. The injured worker had diagnoses including cervical spine strain/sprain; 2 mm disc protrusion at C4-5 and C5-6; thoracic sprain/strain; lumbosacral spine strain/sprain; lumbar spine 2 mm disc protrusion at L2-3, L3-4, L4-5, and 3 to 4 mm disc protrusion at L5-S1 with moderate spondylosis at L5-S1; right shoulder mild impingement and tendinitis; left shoulder sprain/strain; repetitive stress injury, right hand, wrist, and right elbow; repetitive stress injury, left hand, wrist, and left elbow; right knee strain; left knee strain; right foot and ankle strain; and left foot and ankle strain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ONDANESTRON:** 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 (Chronic).

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

**Decision rationale:** The Official Disability Guidelines note Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Studies of opioid adverse effects include nausea and vomiting and are limited to short-term duration (less than 4 weeks) and have limited application to long-term use. Current research for the treatment of nausea and vomiting related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. There is no high quality literature to support any 1 treatment for opioid induced nausea in the chronic non-malignant pain patients. Within the clinical document dated 05/06/2013 there was a lack of documentation of significant nausea and vomiting. The documentation provided by the physician did not give any objective or rational for the request submitted. The submitted request did not specify the frequency of the medication, quantity that was being requested, or the strength of the medication requested. Therefore, the request for ONDANSETRON is non-certified.

**MEDROX OINTMENT:** Upheld

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

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

**Decision rationale:** Medrox ointment contains methyl salicylate, menthol, and capsaicin. The California MTUS says that topical analgesics are mainly experimental with few trials to determine efficacy or safety of the creams. For the most part topical analgesics are primarily recommended for neuropathic pains when there have been documented trials of antidepressants and anticonvulsants that have failed. There is little or no research to support the use of many of these agents. The guidelines note any compound containing at least one drug or drug class is not recommended, is not recommended. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. It did not appear the patient had a diagnosis that would indicate the patients need for Medrox ointment. It did not appear the patient was intolerant of other medications or their medications were being reduced. The documentation provided for review did not indicate where the cream was to be applied, how often the cream was to be applied, or the strength. Therefore the request for Medrox ointment is non-certified.

**REFERRAL TO SPECIALIST FOR CERVICAL EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 169-172.

**Decision rationale:** ACOEM states physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A medical history suggestive of pathology originating somewhere other than in the cervical area may warrant examination of the head, shoulder, or other areas. The documentation provided for review did not provide adequate documentation of objective findings of radiculopathy upon physical exam. The assessment documented by the physician noted that there was no decrease in range of motion or change in sensory. Therefore, the request for REFERRAL TO SPECIALIST FOR CERVICAL EPIDURAL INJECTION is non-certified.