

Case Number:	CM13-0022446		
Date Assigned:	06/06/2014	Date of Injury:	05/25/2012
Decision Date:	07/29/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 and is licensed to practice in California and Washington. 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 39-year-old male who reported an injury on 05/25/2012, the mechanism of injury was not provided. On 03/03/2014, the injured worker presented with intermittent frequent neck, shoulder and lower back pain with stiffness and tension headaches. There was also occasional numbness in the bilateral hands and right knee stiffness. Upon examination, there was reduced cervical and lumbar range of motion with midline pain to the C3-7 spinal levels, joint tenderness over the bilateral cervical facet and midline tenderness to the L3-S1 levels. There was a positive Spurling's test and a positive shoulder depressor test. There were mild to moderate myospasms to the right cervical paraspinal muscles and muscle spasms to the right lumbar paraspinal with pain to palpation and right L5-S1 facet joint pain. The diagnoses were cervical disc syndrome, cervical neuritis, lumbar facet syndrome, spinal enthesopathy, difficulty sleeping and myospasms/myofasciitis. Prior treatments include chiropractic therapy, physiotherapeutic modalities, medications and home exercise. The provider requested ondansetron 8 mg, omeprazole DR 20 mg and Medrox ointment 120 gm. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 Mg #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 Chapter, Antiemetics Section.

Decision rationale: The request for ondansetron 8 mg with a quantity of 60 is non-certified. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids' adverse effects, including nausea and vomiting, are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. There is lack of documentation on when the injured worker was first prescribed ondansetron, and the efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Omeprazole DR 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for omeprazole DR 20 mg with 120 is non-certified. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The medical documentation lacked evidence of the injured worker having a moderate to high risk for gastrointestinal events. The included documentation does not state whether omeprazole was a continuing medication or a new prescription. The efficacy of the medication was not provided. Additionally, the provider's request for omeprazole did not indicate the frequency of the medication. As such, the request is not medically necessary.

Medrox ointments 120 gm x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Salicylates, Topical NSAIDs, And Menthol Sections.

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

Decision rationale: The request for Medrox ointment 120 gm with a quantity of 2 is non-certified. The California MTUS Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Medrox ointment contains methyl salicylate, menthol and capsaicin. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that capsaicin is recommended only as an option for injured workers who have not responded to or who are intolerant to other treatments. The included medical documentation does not indicate a failed trial of antidepressants or anticonvulsants. Additionally, there is a lack of evidence that the injured worker has not responded to or is intolerant to other treatments that would warrant the use of capsaicin. Furthermore, the request does not indicate the frequency or the site at which the Medrox ointment was intended for. As such, the request is not medically necessary.