

Case Number:	CM13-0023573		
Date Assigned:	03/12/2014	Date of Injury:	04/24/2012
Decision Date:	06/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of the [REDACTED] and has filed a claim for cervicalgia, internal derangement of the knee, lumbar discopathy, cubital tunnel syndrome, and carpal tunnel syndrome associated with an industrial injury date of April 24, 2012. Utilization review from August 9, 2013 denied the request for cyclobenzaprine due to no long-term treatment support, Medrox patch due to no support for compounded topical medications, and ondansetron due to no evidence of nausea and/or vomiting complaints. Treatment to date has included oral pain medications, physical therapy, and shoulder surgery. Medical records from 2013 were reviewed showing the patient complaining of shoulder, elbow, lumbar spine, hip, knee, and feet pain. The patient also complains of headaches which cause nausea. On examination, there was noted generalized weakness and numbness in the bilateral shoulders, arms, and hands. Grip strength weakness was quite pronounced. There is a positive palmar compression test subsequent to feel his maneuver. Symptomatology was noted in the median nerve distribution. There is noted hyperreflexia. There is noted tenderness over the right shoulder girdle. The elbows had positive Tinel sign bilaterally. Tinel's and Phalen's sign were positive for the bilateral wrists. There is dysesthesia over the radial digits. The lumbar spine was noted to have tenderness over the paravertebral muscles. Muscle spasms were noted for the paravertebral musculature. There was dysesthesia over the L5 and S1 dermatomes. Bilateral knees were noted to have tenderness over the anterior joint line space with positive patella grind test. There is no sign of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG
#120: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been noted to take cyclobenzaprine since May 2013. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for cyclobenzaprine is not medically necessary.

PRESCRIPTION OF MEDROX PATCH QTY 30, DOS: 07/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topical.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient has been taking Medrox since May 2013. However, this compound medication is not supported by guidelines and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Medrox is not medically necessary.

**PRESCRIPTION OF ONDANSETRON ODT TABLETS 4MG #30 X 2, QTY 60, DOS:
07/23/13: 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).

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, Antiemetic (for opioid nausea) and Ondansetron.

Decision rationale: The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment as well as postoperative use. In this case, the patient has been taking ondansetron since May 2013. There is no indication that the patient is being treated with chemo or radiation therapy. There is also no indication that the patient underwent surgery. Therefore, the request for ondansetron is not medically necessary.