

<b>Case Number:</b>	CM13-0025847		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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's date of birth was not provided. The patient was noted to report injury on 12/19/2002. The mechanism of injury was not provided. The most recent examination for review was dated 03/14/2013. It was noted the patient had compliance with medications, but had an upset stomach with the use of naproxen, and the patient was noted to utilize the naproxen, as it offers temporary pain relief, allowing her to perform activities of daily living. The examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was noted to be paravertebral muscle spasms. There was noted to be pain with terminal motion. The patient was noted to have dysesthesia at the L4-S1 dermatomes. The diagnosis was noted to be lumbar facet arthropathy/discopathy, and rule out internal derangement of bilateral hips. The request was made for medication refills. The date for the medication refills was noted to be 07/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan Succinate tab 25 mg, #9 times 2; QTY: 18: 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), Head Chapter, Triptans

**Decision rationale:** Official Disability Guidelines recommend triptans for migraine sufferers. Clinical documentation submitted for review failed to indicate the patient had signs and symptoms of migraine headaches. Given the lack of rationale, the request for sumatriptan succinate tab 25 mg, #9 times 2; QTY: 18 is not medically necessary.

**Ondansetron ODT tab 4 mg, #30 times 2; QTY: 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

**Decision rationale:** Official Disability Guidelines do not recommend anti-emetics for opioid-induced nausea. The clinical documentation submitted for review failed to indicate the rationale for the use of Ondansetron. Additionally, it failed to provide a necessity for refills. Given the above and the lack of documentation and efficacy, the request for Ondansetron ODT tabs 4 mg #30 times 2, quantity 60 is not medically necessary.

**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 Salicylate, Topical Analgesic, Capsaicin, and Medrox Online Package Insert Page(s).

**Decision rationale:** CA MTUS does not specifically address Medrox, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.

**Tramadol Hydrochloride ER 150 mg, #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 Tramadol, Ongoing Management Page(s): 82,78.

**Decision rationale:** California MTUS does not recommend Tramadol as a first line therapy. It is recommended as a second line treatment for chronic pain. There should be documentation of the 4 A's for ongoing management, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide the documentation of the 4 A's. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for tramadol hydrochloride ER 150 mg, #90 is not medically necessary.