

Case Number:	CM13-0063444		
Date Assigned:	02/21/2014	Date of Injury:	04/09/2009
Decision Date:	06/25/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice 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:

This is a 42 year old female patient s/p injury 4/9/09. She has been treated with various medications, prior left shoulder surgery in 2010, activity modification, and return to regular work duty. 7/10/12 progress note identified that the patient has residual symptomatology in the cervical spine with chronic headaches and tension between the shoulder blades. Examination revealed positive axial loading compression testing. Prilosec was prescribed to protect the stomach, Flexeril for spasms, Medrox ointment as a topical agent for pain. There are no more recent progress notes included. There is documentation of a 12/2/13 adverse determination. The requested medications were non-certified as they did not meet the criteria for the cited evidenced based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED-RELEASE 20MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 6.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Proton Pump Inhibitors (PPI) medication are recommended for patients at intermediate or high risk for GI complications. However, there are no recent clinical records to establish that this patient is at an intermediate or high risk for GI complications. PPI medications are not generally recommended for prophylaxis in all patients. The request for Omeprazole Delayed-Release 20 mg, #120 is not medically necessary.

ONDANSETRON ODT 8MG, #30: 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 Other Medical Treatment Guideline or Medical Evidence: FDA: Ondansetron

Decision rationale: The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, there is no indication in the records provided that the patient meets criteria for medical necessity with any of the conditions for which ondansetron is indicated. The request for Ondansetron ODT 8 mg, #30 is not medically necessary.

MEDROX PAIN RELIEF OINTMENT 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Capsaicin; Topical Salicylates Page(s): 28; 10.

Decision rationale: Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. 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. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. The request for Medrox Pain Relief Ointment 120 gm is not medically necessary.

