

<b>Case Number:</b>	CM14-0001485		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 58 year old male with a date of injury on 4/24/2012. Patient has been treated for ongoing symptoms in both shoulders and cervical spine. Subjective complaints are of cervical spine pain, chronic headaches, tension between shoulder blades, and migraines. The migraines are associated with nausea that is not relieved by omeprazole. Physical exam reveals cervical tenderness and decreased range of motion, dysesthesia at C5-7, tenderness in the right shoulder, bilateral Tinel's at elbow and wrists, lumbar tenderness and decreased range of motion. Medications include Naproxen, Cyclobenzaprine, Omeprazole, Quazepam, Sumatriptan, Tramadol, and Ondansetron for nausea from headaches and cervical spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE ONDANSETRON ODT 4MG, #60 DOS: 6/11/13: 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, Antiemetics

**Decision rationale:** The medical records indicate that the patient was under treatment for chronic neck pain and migraines. Evidence of nausea appears to be only associated with her

migraine headaches. Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy, with no specific recommendation for nausea associated with migraine headaches. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. Since Ondansetron is not recommended for nausea secondary to opioid use or migraines, the requested prescription for Ondansetron is not medically necessary.

**RETROSPECTIVE MEDROX PAIN RELIEF OINTMENT 120GM, #2 DOS: 6/11/13:**

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 Analgesics Page(s): 111-113, 105.

**Decision rationale:** Medrox is a medication that includes methyl salicylate, menthol, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. For this patient documentation does not identify pain relief or functional improvement with this medication. Furthermore, there is no documentation of what anatomical area this medicine is to be applied. Due to Medrox not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.