

Case Number:	CM14-0004434		
Date Assigned:	02/05/2014	Date of Injury:	04/26/2011
Decision Date:	11/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 53 year old male with a work injury dated 3/12/09. The diagnoses include cervical and lumbar discopathy. Under consideration are requests for retrospective request: Ondansetron orally disintegrating tabs (ODT)4mg #30 x 2, date of service 5/9/12 and retrospective request: Medrox pain relief ointment 120gm#1, date of service 5/9/12. A 5/9/12 progress report states that the patient has persistent pain of the low back that radiates to the left lower extremity with numbness and tingling. He has neck pain that radiates to the upper extremities. On exam of the cervical spine reveals tenderness at the cervical paravertebral muscles. There is pain with terminal motion. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C5 and C6 dermatomes. Examination of the lumbar spine reveals tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 dermatome. Medication dispensed to the patient was in the form of Naproxen Sodium Tablets 550 mg, #100, for inflammation, to be taken one tablet by mouth every 12 hours, with food, as needed; Omeprazole Delayed-Release Capsules 20 mg, #120, to be taken one capsule by mouth every 12 hours as needed for upset stomach, to be taken in conjunction with his pain and anti-inflammatory medications to prophylactically protect his stomach and to prevent any GI complications from taking these medications; Ondansetron ODT Tablets 8 mg, #30 x2, for nausea, which is an orally disintegrating tablet that should be placed on the tip of the tongue and allowed to dissolve in your mouth without chewing, then swallow; and Cyclobenzaprine Hydrochloride Tablets 7.5 mg,# 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: ONDANSETRON ORALLY DISINTEGRATING TABS (ODT) 4MG #30 X 2, DATE OF SERVICE 5/09/12: 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- Ondansetron(Zofran)

Decision rationale: Ondansetron orally disintegrating tabs (ODT) 4mg #30 x 2, date of service 5/9/12 is not medically necessary per the ODG guidelines. The MTUS does not address Ondansetron. The ODG states that Ondansetron is FDA approved for nausea/vomiting from chemotherapy; radiation therapy; and for surgery. There is no documentation that the patient has undergone any of these treatments recently. The patient was using this secondary to the nausea from Cyclobenzaprine which is not an indication for this medication. The request for Ondansetron orally disintegrating tabs (ODT)4mg #30 x 2, date of service 5/9/12 is not medically necessary.

RETROSPECTIVE REQUEST: MEDROX PAIN RELIEF OINTMENT 120GM #1, DATE OF SERVICE 5/09/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Salicylate topical Page(s): 111-113, 105.

Decision rationale: Medrox Pain Relief Ointment 120gm # 1 DOS 5/09 /12, is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Medrox is composed 0.0375 % Capsaicin; 20% Menthol; and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do support Ben Gay which has menthol in it and methyl salicylate as well. Topical capsaicin is 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. The documentation is not clear why a 0.0375% formulation of Capsaicin is necessary. The documentation does not indicate intolerance to oral medications or other treatments. The request for Medrox Pain Relief Ointment 120gm # 1 DOS 5/09 /12, is not medically necessary.

