

<b>Case Number:</b>	CM14-0006565		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 57-year-old gentleman with initial noted date of injury on 12/7/2009, with mechanism of injury that is unspecified. His documented diagnoses include: cervical disc protrusion (from C4 to C7) with clinical radiculitis, status post L2/L3 lumbar laminectomy, left shoulder derangement, right elbow (medial and lateral) epicondylitis, and left index trigger finger. Progress note dated 8/6/2012 is reviewed: this document indicates that patient was experiencing significant and persistent cervical and lumbar spinal pain. Physical examination on visit noted cervical spasm and tenderness, a positive axial-loading compression test, positive Spurling's maneuver, reduced cervical range of motion, and dysesthesia that was noted in the C-5 through C7 dermatome regions. Examination also revealed a confirmatory Hawkins sign, while exam of right elbow revealed tenderness over both the medial and lateral epicondyles. Documented treatment to date has included cervical transforaminal epidural nerve block injections, pain management with NSAIDs, physical therapy sessions, and Toradol injections. This is a new request for certification of ondansetron capsules and Medrox topical ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON ODT TABLETS 8MG #30 X2 QUANTITY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S Food and Drug Administration.

**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 Anti-emetics for opioid nausea and FDA.

**Decision rationale:** The Official Disability Guidelines & the FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. Review of the available medical records did not document any of such approved conditions. Therefore, the request is not medically necessary.

**MEDROX PAIN RELIEF OINTMENT 120GM X 2 QUANTITY: 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Online Resources.

**Decision rationale:** There had been a prior adverse determination for this specific pain relief ointment. It does contain Capsaicin in a 0.0375% formulation. The California MTUS guidelines do state that this formulation is not recommended for topical applications. It has not been established in this case that there is a medical need for compounded topical creams, or that there is any provision of relief subjectively, functional gain, or reduction in any of the oral medication consumption. Therefore, the request is not medically necessary.