

Case Number:	CM14-0106829		
Date Assigned:	10/01/2014	Date of Injury:	02/24/2010
Decision Date:	12/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational 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:

The injured worker had persistent cervical pain that did not respond to conservative measures including physical therapy and pain management. A 6/23/10 cervical MRI showed diffuse degenerative changes including disc protrusion; dehydration and osteophyte formation encroaching on the right nerve root at C3-4. On 7/15/10 he is diagnosed with cervical and lumbar discopathy, internal derangement of right and left near, and bilateral fasciitis. He is recommended to have a C7 microdiscectomy. On 4/20/11 follow-up with orthopedist he has continued persistent lumbar and cervical pain. On physical exam he has cervical and lumbar tenderness and restricted range of motion. Dyesthesia is present at right L5 dermatome. There is no change in clinical impressions. He is considered to be a surgical candidate and is continued on naproxen, Hydrocodone/APAP, and topical Medrox ointment. On 3/23/14 the patient reports persistent lower back pain. On exam there is cervical and lumbar tenderness and restricted range of motion. He is prescribed naproxyn, ondansetron, and medrox ointment. There is essentially no significant change in physical exam findings, clinical assessment or treatment plan throughout the orthopedic clinic notes reviewed. On 5/21/14 his treating orthopedist writes that ondansetron is being prescribed for treating nausea associated to headaches that are present with chronic cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #60 provided on 4/20/11: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain management (updated 5/15/14), Antiemetics

Decision rationale: Ondansetron is an antiemetic that according to 5/21/14 clinic note is being prescribed for nausea related to migraine-type headaches, which are due to his cervical pain. The prior UR decision cites ODG-TWC stating that long-term use of antiemetics for opioid related nausea is not recommended as studies suggest limited efficacy with long term use over four weeks. The UR decision also states that while there is no documentation of ongoing complaints of nausea or vomiting, continued use of this medication is not clinically indicated. From my review of the records, the treating provider states that the patient does currently have nausea related to the industrial injury and not secondary to opioid-related side effects. ODG supports use of ondansetron for FDA approved uses. This medication is indicated for treatment of nausea related to headaches and pain. Additionally, according to the 5/21/14 report this medication has been effective in treating the patient's nausea. Therefore, the request is medically necessary.

Medrox pain relief ointment #240g provided on 4/20/11: Upheld

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

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

Decision rationale: Topical analgesic ointments such as Medrox are largely experimental with few randomized controlled trials to determine efficacy. Trial of topical agent may be appropriate in treating neuropathic pain if primary neuropathic agents such as antidepressants or anticonvulsants have failed. There is no clear mention in the clinical record that the patient has neuropathic pain; radicular symptoms and findings on physical exam are not found in the record. Given the lack of clinical efficacy of topical agents and no clear evidence from the medical records provided that the patient has failed trial of primary neuropathic agents or even has neuropathic pain, Medrox is not medically necessary for the treatment of the patient's condition per MTUS.