

Case Number:	CM14-0128555		
Date Assigned:	10/08/2014	Date of Injury:	01/27/2004
Decision Date:	11/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine and is licensed to practice in Washington D.C. and Virginia. 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 52-year-old patient who sustained injury on Jan 27, 2004. She had constant pain in her cervical spine and associated headaches. She had anterior cervical discectomy in 2012. And, she had right shoulder surgery in Sept 2006 and Oct 15, 2007. On Jan 22 2014, she was prescribed: Anaprox, Orudis, Prilosec, Zofran, Flexeril, Norco, Tramadol, Imitrex, Levaquin, Terocin patch, and Menthoderm patch. She had a five-year history of heartburn and was suffering from occasional nocturnal symptoms and dysphagia. She was seen on May 19, 2014 for acid reflux and was prescribed Gabapentin, Flexeril, Wellbutrin, Voltaren, and Prilosec. She underwent an upper endoscopy which found mild gastritis on Jun 12 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 and 105. Decision based on Non-MTUS Citation <J Pharmacol Exp Ther. 2012 Dec;343(3): 661-72. doi: 10.1124/jpet.112.196717. Epub 2012 Sep 5. Central mechanisms of menthol-induced analgesia. Pan R, Tian Y, Gao R, Li H, Zhao X, Barrett JE, Hu H

Decision rationale: Topical analgesia has been shown as a way to decrease usage of controlled, habit-forming substances. This can also be utilized as bridge therapy while the patient is working with physical therapy, to avoid an invasive surgical procedure. MTUS suggests that topical salicylates are better than placebo. Currently, many trials are being performed to demonstrate efficacy. There have been some studies to suggest that menthol provides a mechanism to decrease neuronal action and leads to further to central analgesia and comfort for the patient. Therefore, this request is medically necessary and appropriate.

Ondansetron ODT tablets 8mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>

Decision rationale: Zofran (Ondansetron) is indicated for the following: prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including Cisplatin 50mg/m²; prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy; prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen; and/or prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Zofran tablets, Zofran ODT (Orally Disintegrating Tablets), and Zofran Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. This patient was diagnosed with gastritis and was taking Prilosec for treatment. An antiemetic would not be medically indicated.