

Case Number:	CM14-0137136		
Date Assigned:	09/05/2014	Date of Injury:	02/01/2009
Decision Date:	12/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 is a 61-year-old male who reported injuries due to continuous trauma on 02/01/2009. On 07/23/2012, his diagnoses included cervical/lumbar discopathy, carpal tunnel/double crush syndrome, and electrodiagnostic evidence of severe bilateral carpal tunnel syndrome. On 07/30/2014, he was prescribed Medrox pain relief ointment for relief of minor aches and muscle pain, Ondansetron 8 mg for nausea as a side effect to Cyclobenzaprine and other analgesic agents, and Cyclobenzaprine 7.5 mg for the palpable muscle spasms noted during examination. A Request for Authorization dated 07/30/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 120mg, 2 refills, DOS 12/17/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical Analgesics, Capsaicin; and Topical Analgesics,.

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

Decision rationale: The request for Medrox Pain Relief Ointment 120mg, 2 refills, DOS 12/17/12 is not medically necessary. The California MTUS Guidelines refer to topical analgesics

as largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including local anesthetics and capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox is a combination of methyl salicylate 20%, menthol 7%, and capsaicin 0.05%. Methyl salicylate has not been evaluated by the FDA for topical use in humans. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.05% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, the body part or parts to have been treated were not specified in the request. Furthermore, there was no frequency of application and the quantity requested was incorrect. Therefore, this request for Medrox Pain Relief Ointment 120mg, 2 refills, DOS 12/17/12 is not medically necessary.

Ondansetron 8mg #30 x2, DOS 12/17/12: 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), Antiemetics, Ondansetron (Zofran)

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 (for opioid nausea), ZOFRAN® (ondansetron hydrochloride) Tablets

Decision rationale: The request for Ondansetron 8mg #30 x2, DOS 12/17/12 is not medically necessary. Per the Official Disability Guidelines, Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. 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. There was no documentation submitted that this worker was being treated with chemotherapy, full body or single dose radiation, or that he was a candidate for surgery with a high expectation of postoperative nausea and vomiting. Additionally, there was no frequency specified in the request. Therefore, this request for Ondansetron 8mg #30 x2, DOS 12/17/12 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120, DOS 12/17/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine Hydrochloride 7.5mg #120, DOS 12/17/12 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs, and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation reveals that this injured worker has been using Cyclobenzaprine for greater than 2 years, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for Cyclobenzaprine Hydrochloride 7.5mg #120, DOS 12/17/12 is not medically necessary.