

Case Number:	CM14-0167020		
Date Assigned:	10/14/2014	Date of Injury:	08/12/2012
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 is a case of 57 year old male with a date of injury of 8/12/2012. The claimant is a firefighter who was crawling under a tanker investigating a tanker fire. He suffered a lower back injury with pain in his low back radiating down his left lower extremity. In a primary treating physician report by [REDACTED] dated 9/24/2012, he was complaining of constant pain in his low back that radiates down his left lower extremity. The pain is aggravated with bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. There is paresthesia in his left lower extremity. On physical exam that day, there was tenderness in the mid to distal lumbar segments. Standing flexion and extension are guarded and restricted. Radicular pain component in the lower extremities was noted, the left side more pronounced than on the right. This appeared to be in the L4-L5 and L5-S1 roots and dermatome with some generalized weakness. Lumbar x-rays revealed disc space height collapse of L4-L5 with bone on bone erosion. There was also disc space height collapse of L5-S1. He was diagnosed with lumbar discopathy. In addition to being referred for MRI and pain management, the patient was prescribed Cyclobenzaprine 7.5mg, Ondansetron ODT tablets 8 mg, Cidaflex tablets, and Medrox pain relief ointment along with several other medications. The claimant failed conservative measures, which included activity modification, physical therapy and pain management and subsequently underwent surgery of the lumbar spine for L4-S1 fusion and continued to have symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120 (DOS: 10/29/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42..

Decision rationale: Based on MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, and suggestion that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the patient has been on Cyclobenzaprine for at least several months which far exceeds the recommendations of a short course and symptoms have persisted. Based on the MTUS guidelines and the evidence in this case, the request for Cyclobenzaprine 7.5 mg #120 is not medically necessary.

Ondansetron ODT 20mg #120, Refills: 2 (DOS: 10/29/12): 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-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, "Antiemetic (for Opioid Nausea)".

Decision rationale: Based on ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor agonist and is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as for postoperative use and to be used acutely for gastroenteritis. There is no good evidence for the chronic use of Ondansetron for nausea or vomiting caused by headaches from spinal column pain. Therefore, based on ODG guidelines and based on approved FDA uses for this medication, the request for Ondansetron ODT 20mg #120, 2 refills is not medically necessary.

Cidaflex #120 (DOS: 10/29/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Glucosamine and Chondroitin Sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have

demonstrated a highly significant efficacy for Crystalline Glucosamine Sulphate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for Glucosamine Hydrochloride. A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on Glucosamine Sulphate. Another RCT with 202 patients concluded that long-term treatment with Glucosamine Sulphate retarded progression of knee osteoarthritis, possibly determining disease modification. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) concluded that Glucosamine Hydrochloride and Chondroitin Sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of Glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. In this case, the claimant was prescribed Cidaflex which is a combination of Glucosamine and Chondroitin for his lumbar spine pain. There is no good evidence to support its efficacy or utility in this group of patients. Therefore, based on MTUS guidelines and the evidence in this case, the request for Cidaflex #120 is not medically necessary.

Medrox ointment 120gm Refills: 2 (DOS: 10/29/12): 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): 105, 110-113..

Decision rationale: Medrox is a topical ointment that combines the ingredients of Methyl Salicylate, Menthol, and Capsaicin 0.0375%. Based on MTUS guidelines, 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. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Conversely, topical Salicylate (e.g. Ben-Gay, Methyl Salicylate) is recommended for chronic pain and is significantly better than placebo. In this case, the patient does still have persistent pain, but the compound Medrox is considered experimental due to the high dose of Capsaicin. Therefore, based on review of the evidence in this case along with MTUS/ODG guidelines, the request for Medrox ointment 120 gm, 2 refills, is not medically necessary.