

Case Number:	CM14-0177622		
Date Assigned:	10/31/2014	Date of Injury:	04/23/2010
Decision Date:	12/22/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Interventional Spine 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 patient is a 60 year old male with an injury date of 04/23/10. Based on the 01/17/14 progress report provided by treating physician, the patient complains of neck and low back, knee and shoulder pain. Physical examination to the cervical spine revealed spasms and tenderness to palpation to the paravertebral muscles and the upper trapezial muscles. Range of motion was painful and restricted. Examination of the lumbar spine revealed spasms and tenderness to the paravertebral muscles, and pain with terminal motion. Positive seated nerve root test. Per Primary Physician's Request for Authorization report dated 09/25/14, patient medications include Naproxen Sodium, Cyclobenzaprine Hydrochloride, Sumatriptan Succinate, Ondansetron, Cidaflex and Medrox ointment. Ondansetron is prescribed "for nausea as side effect to Cyclobenzaprine and other analgesic agents. The patient described relief of this type of nausea with the use of this medication in the past." Cydaflex is "prescribed as a joint supplement. The addition of this compound will provide a greater lubricant of the damaged axial spine allowing for prolonged ability to perform the physical tasks associated with activities of daily living." Medrox "ointment to be used topically for relief of minor aches and muscle pain." The patient is retired. Per progress report dated 09/17/14, patient started Nucynta. Diagnosis 01/17/14- cervical discopathy- status post left shoulder surgery- status post right shoulder surgery- lumbar discopathy- status post right knee surgery- internal derangement left knee- bilateral plantar fasciitis Diagnosis 09/17/14- other chronic pain- other spec idiopathic peripheral neuropathy- primary localized osteoarthritis lower leg- pain in joint, lower leg- other spec d/o rotator cuff syndrome shoulder- pain in soft tissues of limb- lumbar radiculopathy The utilization review determination being challenged is dated 10/01/14. Treatment reports were provided from 12/01/10 - 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT Tablets 8 MG #30 X 2: 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), 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 (Chronic) Chapter, Antiemetics

Decision rationale: The ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use." Per Primary Physician's Request for Authorization report dated 09/25/14, Ondansetron is prescribed "for nausea as side effect to Cyclobenzaprine and other analgesic agents. The patient described relief of this type of nausea with the use of this medication in the past." However, guidelines do not support this medication for nausea secondary to chronic opioid use. The request is not medically necessary.

Cidaflex Tablets #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: The MTUS Guidelines, page 50, Chronic Pain Medical Treatment Guidelines states: "Glucosamine (and Chondroitin Sulfate): Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Per Primary Physician's Request for Authorization report dated 09/25/14, Cydaflex is "prescribed as a joint supplement. The addition of this compound will provide a greater lubricant of the damaged axial spine allowing for prolonged ability to perform the physical tasks associated with activities of daily living." Patient's diagnosis dated 09/17/14 included primary localized osteoarthrosis lower leg. Glucosamine and Chondroitin are recommended by MTUS for patient's condition. The request is medically necessary.

Medrox Pain Relief Ointment 120 Gram X 2: 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; Salicylate topical section; Capsaicin Page(s): 111-113; 105; 29.

Decision rationale: Regarding topical analgesics, MTUS, pages 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Capsaicin, topical (MTUS p29) " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Per Primary Physician's Request for Authorization report dated 09/25/14, Medrox "ointment to be used topically for relief of minor aches and muscle pain." The patient is status post right knee surgery, has internal derangement of the knee and bilateral fasciitis. Patient's diagnosis dated 09/17/14 included primary localized osteoarthrosis lower leg. Therefore, topical NAIDs and Capsaicin are indicated. However, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. The request is not medically necessary.