

Case Number:	CM14-0177956		
Date Assigned:	10/31/2014	Date of Injury:	07/21/2008
Decision Date:	12/17/2014	UR Denial Date:	09/22/2014
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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 53 year old male with a history of chronic pain in the cervical area, both upper extremities, and both knees. The diagnoses include cervical radiculitis and discopathy, carpal tunnel syndrome, cubital tunnel syndrome, and osteoarthritis of both knees status post bilateral arthroscopies. Current medications include Anaprox, Prilosec, Zofran, and Cidaflex. The disputed issues include a request for omeprazole, cifaxlex, medrox ointment, and ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) at intermediate risk for gastrointestinal events and no cardiovascular disease. The documentation provided does not indicate intermediate risk

for gastrointestinal events. Therefore, the request for Omeprazole 20 mg. # 120 is not medically necessary.

Ondansetron 8mg #30 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain (Chronic), Topic: Anti-emetics, Ondansetron

Decision rationale: California MTUS does not address anti-emetics. ODG indicates Ondansetron is approved by FDA for nausea and vomiting caused by chemotherapy, radiation, and surgery. It is also approved for acute use in gastroenteritis. The documentation does not indicate a history of cancer chemotherapy, radiation therapy, need for post-operative use or acute use in gastroenteritis. As such, the request for ondansetron is not medically necessary.

Medrox Pain Relief Ointment 120gm times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

Decision rationale: Medrox ointment is a compounded preparation containing Capsaicin/ menthol/methyl salicylate. Chronic pain guidelines indicate capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate lack of response or intolerance to other treatments. Therefore, the request for Medrox is not medically necessary.

Cidaflex tablets #120: Upheld

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

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

Decision rationale: The chronic pain guidelines recommend the use of glucosamine sulphate for patients with knee osteoarthritis. Studies have determined highly selective efficacy for glucosamine sulphate, but similar studies are lacking for glucosamine hydrochloride. The NIH has concluded that glucosamine hydrochloride and chondroitin sulphate were not as effective in reducing knee pain. However, the combination of glucosamine sulphate and chondroitin sulphate

was effective. Cidaflex contains Glucosamine Hydrochloride 500 mg. and Chondroitin Sulfate 400 mg. Based upon the above guidelines, the request for cidaflex is not medically necessary.