

Case Number:	CM14-0183134		
Date Assigned:	11/07/2014	Date of Injury:	07/14/2011
Decision Date:	12/26/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain 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 49-year-old female with initial work related history of July 14, 2011 and a second injury on August 12, 2011. A mechanism of first injury was not clear from the submitted documentation. The second injury was described as a fall landing hard on both knees with resulting injury to cervical spine with cervical radiculopathy. Documented treatment to date included a C5-4, C6-7 anterior cervical decompression and fusion, physical therapy, an ENT consultations with a Machida scope examination due to gastrointestinal reflux, EMG/NCV studies, magnetic resonance imaging of the cervical spine, pain medications both oral and topical and anti-inflammatory medications. The documentation of the physical visit dated August 11, 2014 reflected frequent pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. Pain was characterized as dull and radiated into the upper extremities, headaches and tension between the shoulder blades. Physical examination revealed palpable paravertebral muscle tenderness with spasm, range of motion limited with pain, sensation and strength normal. Recommendations documented on this visit were to continue physical therapy, continuation of medication regime and to remain out of work. The current diagnosis was cervicalgia, cervical disc disorder. The utilization review requested refills of Ondansetron ODT 8 mg, 30 count with two refills and Medrox pain relief ointment 12 grams with two refills. Both medications were non-certified. The Ondansetron was non-certified as documentation reviewed did not identify any problems with nausea and vomiting and the Medrox was non-certified because the documentation did not reveal any evidence of pain not controlled by oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron ODT 8 mg, thirty count with two refills (DOS: 09/26/11):

Upheld

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

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), Antiemetics

Decision rationale: The MTUS is silent on the use of Ondansetron. With regard to antiemetics, the Official Disability Guidelines states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug 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 the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, Ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.

Retrospective Medrox pain relief ointment, 120 grams with two refills (DOS: 09/26/11):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111-113.

Decision rationale: Medrox ointment contains Capsaicin, Methyl Salicylate, and Menthol. Per MTUS Chronic Pain Medical Treatment Guidelines page 112, "Indications: There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Capsaicin is not indicated. Methyl Salicylate may have an indication for chronic pain in this context. Per MTUS Chronic Pain Medical Treatment Guidelines page 105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the California MTUS, Official Disability Guidelines, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of Menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since Menthol is not medically

indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. This request is considered not medically necessary.