

Case Number:	CM14-0021893		
Date Assigned:	05/09/2014	Date of Injury:	04/21/2011
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 59 year-old male injured on 04/21/11 due to hiking up and down hillsides while wearing a heavy backpack for prolonged periods of time. Current diagnoses include cervical/lumbar discopathy, carpal tunnel/cubital tunnel/double crush syndrome, rule out internal derangement bilateral shoulders, status post right shoulder surgery, and rule out internal derangement bilateral knees. Clinical documentation indicates the injured worker presented on 1/22/14 complaining of intermittent low back pain radiating down the left lower extremity with associated paresthesia and intermittent pain into the bilateral knees, left wrist, right elbow, and left shoulder. Physical examination of the upper extremities revealed pain and tenderness with positive Spurling's maneuver, reproducible pain into the bilateral hands and wrists consistent with carpal tunnel syndrome and double crush syndrome. Examination of the right elbow reveals tenderness extending into the ulnar two digits with positive canals in the cubital fossa. Examination of the lumbar spine reveals pain and tenderness in the mid to distal lumbar segments and dysesthesia in the L4 - L5 and L5 - S1 dermatome. Previous treatments include left wrist surgery, right shoulder surgery, lumbar epidural steroid injection, and home exercise program. The initial request for ondansetron ODT 8 mg tablet number 30 with one refill, Medrox pain relief ointment 120 gm times 2 #240, and sumatriptan succinate 225 mg tablet #9 with one refill on 1/23/2014, initially was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: ONDANSETRON ODT (ORALLY DISINTEGRATING TABLETS), 8MG TAB #30 WITH ONE REFILL, DATE OF SERVICE: 08/01/12: 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) Pain (Chronic), Antiemetics (for opioid nausea).

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 (for opioid nausea).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines (ODG), antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron odt (orally disintegrating tablets), 8mg tab #30 with one refill, date of service: 08/01/12 cannot be recommended as medically necessary.

RETROSPECTIVE REQUEST: MEDROX PAIN RELIEF OINTMENT, 120GM X 2 #240, DATE OF SERVICE 08/01/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (CAMTUS), Food and Drug Administration (FDA), and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. Therefore medrox pain relief ointment, 120gm x 2 #240, date of service 08/01/12 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

RETROSPECTIVE REQUEST: SUMATRIPTAN SUCCINATE 25MG TAB #9 WITH ONE REFILL, DATE OF SERVICE 08/01/12: 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), Triptans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Triptans.

Decision rationale: As noted in the Official Disability Guidelines (ODG), trip tans are recommended for migraine sufferers. However, there is no indication in the documentation provided that the injured worker suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing trip tans. As such, the request for Sumatriptan Succinate 25mg Tab #9 With One Refill, Date Of Service 08/01/12 cannot be recommended as medically necessary.