

Case Number:	CM14-0031433		
Date Assigned:	06/20/2014	Date of Injury:	05/22/2012
Decision Date:	09/25/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 27 year old male with date of injury 5/22/2012. The mechanism of injury is stated as cumulative overuse. The patient has complained of low back pain since the date of injury. He has been treated with chiropractic care, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the posterior iliac crests bilaterally and spinous processes of the lumbar spine, decreased and painful range of motion of the lumbar spine, dysesthesia in the L5-S1 dermatome. Diagnoses: lumbar discopathy with facet arthropathy. Treatment plan and request: Ondansetron, medrox ointment, Cidaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ondansetron 8 mg #60 dos 6/7/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/zofran.

Decision rationale: This 27 year old male has complained of low back pain since date of injury 5/22/2012. He has been treated with chiropractic care, physical therapy and medications. The

current request is for Ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.

Retro Medrox ointment 120 Gm x 2 DOS 6/7/12: 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): 111.

Decision rationale: This 27 year old male has complained of low back pain since date of injury 5/22/2012. He has been treated with chiropractic care, physical therapy and medications. The current request is for Medrox ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Medrox ointment is not indicated as medically necessary.

Retro Cidaflex #120 DOS 6/7/12: Upheld

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

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

Decision rationale: This 27 year old male has complained of low back pain since date of injury 5/22/2012. He has been treated with chiropractic care, physical therapy and medications. The current request is for Cidaflex. Per the MTUS guideline cited above, Glucosamine is recommended as an option in patients with moderate arthritis pain especially knee osteoarthritis. There is no documentation in the available medical records listing osteoarthritis or arthritis as a diagnosis. On the basis of this lack of documentation and per the mTUS guidelines cited above, Cidaflex is not indicated as medically necessary in this patient.