

<b>Case Number:</b>	CM14-0032037		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Emergency 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:

Patient with reported date of injury on 6/5/2012. Mechanism of injury is claimed to be from lifting a heavy item. Patient has a diagnosis of cervical discopathy and cubital tunnel/double crush syndrome. Medical reports reviewed. A random assortment of irrelevant reports were sent starting from 2006 number over 600pages of random internal medicine or OB/GYN visits. None of these reports were reviewed. Last report reviewed until 9/13/12. This is a retrospective review of services request on 8/9/12 therefore only data/information that was available and documented during the time around the request was reviewed since prospective data does not retrospectively change the criteria used for IMR as per MTUS guidelines. Patient complains of neck and mid back pain. Patient noted numbness to right upper arm. Of note, patient has a history of diabetes, hypertension, lung disease, epilepsy, collagen disease (no details provided) and arthritis. Objective exam reveals paravertebral "tension", positive axial loading test, positive Spurling's right worse than left side. right arm exam reveals positive Tinel's in right cubital fossa, tenderness around arcade of Struthers. Elbow flexion test is positive. X-ray of cervical and thoracic spine done on 8/9/12 was reportedly normal. There is vague statement in note concerning "tension headache" but patient had no headache complaints or a diagnosis of migraines and no nausea noted. Patient has reportedly completed 12 sessions of physical therapy. Medications include prescribed during visit on 8/9/12 include Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole and Medrox ointment. Independent Medical Review is for Sumatriptan Succinate 25mg #9 (2refills), Ondansetron ODT 8mg #30 (2 refills)Medrox ointment 120g (2 refills)- all request are retrospective (DOS 8/9/12). Prior UR on 2/19/14 recommended approved omeprazole and cyclobenzaprine but denied Sumatriptan, Ondansetron and Medrox.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Sumatriptan Succinate tablets 25mg, #9 x 2 refills for DOS: 8/9/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans

**Decision rationale:** Sumatriptan is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines(ODG) is recommended for migraines. Provider has not documented a diagnosis of migraines. The provider documented that patient has tension headaches. The use a triptan for tension headache is not appropriate and is not medically necessary.

**Retrospective Ondansetron ODT tablets 8mg, #30 x 2 refills for DOS: 8/9/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Anti-emetics (for opioid nausea)

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guidelines (ODG), anti-emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about nausea or any complaints of nausea. Due to lack of documentation with no noted symptoms that warrant an anti-emetic, Ondansetron is not medically necessary.

**Retrospective Medrox pain relief ointment 120gm x 2 for DOS: 8/9/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended. "1) Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term. May be effective in patient's pain. It may be considered. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if

conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy to even recommend a trial of capsaicin. It is not medically necessary. 3) Menthol: No data in MTUSAs per MTUS guidelines since topical capsaicin, the combination medication is not recommended, the request is not medically necessary.