

<b>Case Number:</b>	CM14-0035659		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/03/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Arizona. 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 34-year-old man who was working in the prison system on May 3, 2008 when he lifted a 230 pound inmate and hurt his lower back. He did return to work about a week later. Reportedly, a September 9, 2008 x-ray of the lumbar spine was unremarkable but a lumbar MRI was significant for disc protrusions greatest at L5-S1, with a possible right L5 impingement and possible right S1 impingement. The patient has mostly worked since his injury except for some physician directed time off. His periodic physical examinations have revealed weakness of his lower extremities, abnormal posture, abnormal gait, tenderness, dysesthesias and restricted range of motion. He has additionally been found to have symptomatology in the lower extremities related to the L4-L5 and L5-S1 roots. He has undergone physical therapy. It has been suggested he lose weight. Various medications have included Naprosyn, omeprazole, Cidaflex (glucosamine chondroitin, Ondansetron (Zofran) ODT 8 mg, and Medrol pain relief ointment. The purpose of this Outside Medical Evaluation is to determine if prescriptions for Zofran (Ondansetron) and glucosamine & chondroitin (Cidaflex) are warranted. There was no indication in the charts as to why the claimant has used Zofran which is normally used for nausea and vomiting related to chemotherapy. Apparently, in December 23, 2012 both of these medications were declined for authorization, stating a lack of documentation supporting their usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cidaflex tablets #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Cidaflex tablets contain Glucosamine Hydrochloride and Chondroitin Sulfate. The MTUS recommends glucosamine sulfate (GS) as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). The randomized, double-blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint space narrowing, but there was no significant joint space loss in patients on glucosamine sulfate. Another RCT with 202 patients concluded the long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by The National Institutes of Health concluded that the Glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall. Cidaflex has the Glucosamine Hydrochloride which has not been found to be beneficial for osteoarthritis, as was found with Glucosamine Sulfate. Additionally, the indication for glucosamine is for osteoarthritis, primarily for the knee; yet, this claimant was using it for his lumbar disc disease. For these two reasons, Cidaflex is not found to be medically necessary.

**Ondansetron ODT tablets #30 x2:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Summary of Medical Evidence, Integrated Treatment/Disability, Duration Guidelines Pain (Chronic) Procedure Summary, Ondansetron. Other Medical Treatment Guideline or Medical Evidence: UpToDate. Ondansetron Drug Information.

**Decision rationale:** The MTUS document does not mention Zofran (Ondansetron). The ODG has a short sentence as follows: Not recommended for nausea and vomiting secondary to chronic opioid use. See Anti-emetics (for opioid nausea). UpToDate indicates Zofran as being used for chemotherapy and radiation induced nausea and vomiting along with post-operative nausea and vomiting. No mention was used for its use in the setting of opiate induced nausea and vomiting or for any dyspepsia related to non-steroidal anti-inflammatory drugs (NSAIDs). There is no discussion in the record indicating why the medication was requested; but, it seems that there is no justification to indicate that Ondansetron is medically necessary.

