

Case Number:	CM14-0039235		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2000
Decision Date:	10/02/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old individual was reportedly injured on June 28, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated tenderness to palpation and stiffness. A limited range of motion was reported. No other testing was negative. Diagnostic imaging studies were not reported. Previous treatment included cervical fusion surgery, removal hardware, multiple sessions of physical therapy and multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60 Ondansetron 8mg (Date of Service DOS: 02/22/2012): 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) -TWC Pain Procedure Summary, Mosby's Drug Consult

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

Decision rationale: It is noted this medication is not endorsed or dress by the ACOEM guidelines or the MTUS. As noted in the ODG, this medication is indicated for nausea and vomiting. In that there has been a year-long gap in care based on progress notes presented for review, and there are no complaints of nausea or vomiting, there is no clinical indication for this medication. As such, this is not medically necessary.

Medrox 120gm #2 (Date of service: 2/22/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Medrox (Dendracin) ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials demonstrating any efficacy. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted or has failed. As such, in accordance with the MTUS, the requested medication is not medically necessary.

120 Tizanidine 4mg (DOS: 02/22/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. Therefore, this medication is not medically necessary.

120 Cyclobenzaprine 7.5mg (DOS: 05/16/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. There is no medical recommendation for chronic or indefinite use of this medication. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Medrox 120gm #2 (DOS: 05/16/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Medrox (Dendracin) ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental, and there have been few randomized controlled trials demonstrating any increased efficacy. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the MTUS, the requested medication is not medically necessary.

120 Cyclobenzaprine 7.5mg (DOS: 10/25/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. There is no medical recommendation for chronic or indefinite use of this medication. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

#60 Ondansetron 8mg (DOS: 10/25/2012): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Mosby's Drug Consult

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

Decision rationale: It is noted this medication is not endorsed or dress by the ACOEM guidelines or the MTUS. As noted in the ODG, this medication is indicated for nausea and vomiting. In that there has been a year-long gap in care based on progress notes presented for review, and there are no complaints of nausea or vomiting, there is no clinical indication for this medication. As such, this is not medically necessary.

Medrox 120gm #2 (DOS: 10/25/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Medrox (Dendracin) ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental, and there have been few randomized controlled trials demonstrating any increased efficacy. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the MTUS, the requested medication is not medically necessary.