

<b>Case Number:</b>	CM14-0041166		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This is a 47 year old female injured worker with a date of injury 7/2/12 with related bilateral thumb pain. Per progress report dated 5/30/14, the injured worker complained of bilateral thumb pain, numbness and tingling in the bilateral hands. Per physical exam, there was no swelling or deformity in the hands or wrists. There was point tenderness upon palpation about the dorsal surface of the wrist bilaterally. Tinel's sign was positive bilaterally, Phalen's Sign was positive bilaterally. There was point tenderness upon palpation over the CMC joints with crepitus on motion about the bilateral thumbs. Sensation was diminished in the index and middle finger of both hands. It was noted that X-ray was performed but it was not available for review. Electromyogram (EMG)/Nerve Conduction Studies (NCV) performed 8/7/13 revealed findings indicative of moderate bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, and wearing wrist braces when sleeping. The date of UR decision was 3/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT tablets 8mg #30 x 2 quantity 60:** 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, 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, Food and Drug Administration (FDA).

**Decision rationale:** The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not advised. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.

**Cidaflex tablet #120:** Overturned

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

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

**Decision rationale:** The drug Cidaflex is chondroitin and a glucosamine. Per MTUS Chronic Pain Medical Treatment Guidelines, with regard to glucosamine and chondroitin sulfate; "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The documentation submitted for review indicates that the injured worker has carpometacarpal joint arthritis and pain in the bilateral thumbs. The request is medically necessary.

**Medrox 120 gram x 2:** 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): 60,105,111-113. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality (AHRQ), Mason-BMJ, 2004, Mens, 2005.

**Decision rationale:** The Medrox patch contains capsaicin, methyl salicylate, and menthol. Capsaicin may have an indication for pain in this context. Per MTUS, page 112; "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for

chronic pain in this context. Per MTUS, page 105; "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of the provider that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not medically necessary". Since menthol is not medically necessary, then the overall product is not indicated per MTUS as outlined below. In regards to the use of multiple medications, MTUS, page 60 states; "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent Agency for Healthcare Research and Quality (AHRQ) review, states; "That based on the comparative effectiveness and safety of analgesics for osteoarthritis, it concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.

#### **Cyclobenzaprine 7.5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review contains evidence of neck pain and tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, however, this was per progress report dated 4/29/13. Per the latest progress report dated 3/31/14, there was no indication of back pain. As the patient is not being treated for an acute exacerbation of chronic back pain, the request is not medically necessary.