

Case Number:	CM14-0043777		
Date Assigned:	07/07/2014	Date of Injury:	05/01/2009
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice, 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 33 yr. old male claimant sustained a work injury on 5/1/09 involving the low back, neck and shoulders. He was diagnosed with lumbar disc displacement radiculopathy, cervical strain, and shoulder tendonitis. He was treated with therapy, oral analgesics and a TENS unit. He underwent microdiscectomy on September 2012. A progress note on 3/12/14 indicated he had continued pain in the lumbar region with reduced range of motion. His injury also resulted in anxiety. The treating physician had provided Alprazolam, Tramadol, Hydrocodone and a unknown transdermal compound cream for pain and anxiety. Ondansetron (Zofran) was provided for nausea symptoms related to medications. The claimant had been on the above medications for more than a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines such as Alprazolam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. A more appropriate treatment for anxiety disorder is an antidepressant the nature and causation of the anxiety was not specified. There was additional mention of sleeplessness. The use of Alprazolam is not indicated for insomnia. Benzodiazepines were prescribed for more than a month episode. The use of Alprazolam is not justified and therefore not medically necessary.

Ondansetron ODT 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) - Anti-nausea.

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

Decision rationale: The ACOEM and MTUS guidelines do not comment on anti-emetics. Ondansetron (Zofran) is an anti-emetic. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. According to the ODG guidelines, Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Based on the above, the claimant does not meet the diagnoses required to use Zofran. The continued use of Zofran is not medically necessary.

Compounded cream medication, No dosage or qty noted: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded medication is unknown and therefore not recommended. The cream is therefore not medically necessary.