

Case Number:	CM14-0058440		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2008
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The injured worker is a 60 year-old male, who sustained an injury on June 1, 2008. The mechanism of injury is not noted. Diagnostics have included: February 16, 2009 Lumbar spine MRI with results not noted. Treatments have included: medications. The current diagnoses are: brachial neuritis/radiculitis, thoracic/lumbosacral neuritis/radiculitis, pelvis/thigh joint pain. The stated purpose of the request for Ondansetron ODT Tablet 8mg #60, was not noted. The request for Ondansetron ODT Tablet 8mg #60 was denied on April 1, 2014, citing a lack of documentation of symptoms of nausea and vomiting. The stated purpose of the request for Omeprazole Delayed Release Capsule 20mg #120, was not noted. The request for Omeprazole Delayed Release Capsule 20mg #120, was denied on April 1, 2014, citing a lack of documentation of continued use of NSAID's nor GI distress symptoms. The stated purpose of the request for Medrox Pain Relief Ointment 120gm #2, was not noted. The request for Medrox Pain Relief Ointment 120gm #2, was denied on April 1, 2014, citing a lack of documentation of failed trials of antidepressants or anticonvulsants, nor intolerance or ineffectiveness of similar medications on an oral basis. The stated purpose of the request for Cidaflex Tablets #120 was not noted. The request for Cidaflex Tablets #120 was denied on April 1, 2014, citing a lack of documentation of the presence of arthritis. Per the report dated March 25, 2014, the treating physician noted complaints of pain to the lower back with radiation to the lower extremities, neck pain and right groin pain. Exam findings included cervical muscle tenderness and spasm, positive Spurling's sign, positive axial loading compression test, lumbar tenderness and restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT Tablet 8mg #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 - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

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), Ondansetron (Zofran®).

Decision rationale: CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has pain to the lower back with radiation to the lower extremities, neck pain and right groin pain. The treating physician has documented cervical muscle tenderness and spasm, positive Spurling's sign, positive axial loading compression test, lumbar tenderness and restricted range of motion. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron ODT Tablet 8mg #60, is not medically necessary.

Omeprazole Delayed Release Capsule 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the lower back with radiation to the lower extremities, neck pain and right groin pain. The treating physician has documented cervical muscle tenderness and spasm, positive Spurling's sign, positive axial loading compression test, lumbar tenderness and restricted range of motion. The treating physician has not documented continued use of NSAID's, duration of treatment, GI distress symptoms, or GI risk factors. The criteria noted above not having been met, Omeprazole Delayed Release Capsule 20mg #120, is not medically necessary.

Medrox Pain Relief Ointment 120gm #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 July 18, 2009, Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines, July 18, 2009, Pg. 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". Also, any compounded medication with a non-recommended ingredient is itself not recommended. The injured worker has pain to the lower back with radiation to the lower extremities, neck pain and right groin pain. The treating physician has documented cervical muscle tenderness and spasm, positive Spurling's sign, positive axial loading compression test, lumbar tenderness and restricted range of motion. The treating physician has not documented failed trials of antidepressants or anticonvulsants, nor intolerance or ineffectiveness of similar medications on an oral basis. The criteria noted above not having been met, Medrox Pain Relief Ointment 120gm #2, is not medically necessary.

Cidaflex Tablets #120: Upheld

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: CA MTUS Chronic Pain Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), Page 50 note that it is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis," and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Glucosamine, note that it is "Not recommended for low back pain." The injured worker has pain to the lower back with radiation to the lower extremities, neck pain and right groin pain. The treating physician has documented cervical muscle tenderness and spasm, positive Spurling's sign, positive axial loading compression test, lumbar tenderness and restricted range of motion. The treating physician has not documented the presence of arthritis. The criteria noted above not having been met, Cidaflex Tablets #120 is not medically necessary.