MAXIMUS Federal Services

Case Number:	CM14-0065815		
Date Assigned:	09/18/2014	Date of Injury:	01/08/2009
Decision Date:	12/30/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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 New York. 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 man with a date of injury of 1/8/09. At issue in this review are the retrospective request for the medications Ondansetron and Medrox pain relief ointment for multiple dates. He was seen by his primary treating physician on 8/11/10 with complaints of symptomatology in his bilateral elbows, cervical and lumbar spine. His exam showed tenderness of the cervical and lumbar paravertebral muscles and upper trapezius muscles with spasm. He had a positive axial loading compression test and Spurling's test and seated nerve root test. He had pain with lumbar terminal motion and dysesthesia at L5-S1 dermatome. His elbows showed tenderness in the bilateral cubital fossa with symptoms in the ulnar two digits. He had a positive elbow flexion test right > left with some atrophy. His diagnoses included cervical discopathy, bilateral cubital tunnel syndrome, severe lumbar discopathy/facet arthropathy and neural compression with lumbar radiculitis. He also has a history of abdominal hernia, dyspepsia and GERD. Medications included naproxen, Orphenadrine, Cidadex, Omeprazole, Ondansetron for nausea, Medrox pain ointment for temporary relief of minor aches and muscle pains. The latter two are at issue in this review of multiple retrospective request dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 RETRO08/11/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information.

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore, this request is not medically necessary.

Medrox pain relief ointment 12gm x2 RETRO 08/11/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore, this request is not medically necessary.

Ondansetron ODT 8mg #30 x2 RETRO 09/27/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of

Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO 09/27/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg #30 x2 RETRO 10/27/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO10/27/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg #30 x2 RETRO 12/13/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO 12/13/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief

ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg #30 x2 RETRO 01/17/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO 01/17/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg #30 x2 RETRO 04/20/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO 04/20/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg RETRO 06/13/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not

indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 RETRO 06/13/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medrox pain relief ointment is a combination of menthol, capsaicin and methyl salicylate. This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized 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. The MD visits fails to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox pain relief ointment's medical necessity is not supported in the records; therefore this request is not medically necessary.

Ondansetron ODT 8mg #30 RETRO 07/18/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Ondansetron: Drug Information

Decision rationale: This worker has chronic neck, elbow and back pain. His medical course has included the use of several medications including Ondansetron. This medication is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being for nausea. These symptoms are not clearly documented with regards to etiology or benefit of Ondansetron. He has a history of abdominal hernia, dyspepsia and GERD but these are not indications for Ondansetron. The records do not document the medical necessity for Ondansetron; therefore this request is not medically necessary.