

<b>Case Number:</b>	CM14-0066496		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/18/2006
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family 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:

Patient sustained the injury due to cumulative trauma from 1/10/96 - 2/18/06. The current diagnoses include cervical discopathy, lumbar discopathy, and bilateral shoulder impingement. Per the doctor's note dated 6/28/2011, patient has complaints of low back pain. Physical examination revealed symptomatology for right across the iliac crest into the lumbosacral spine, extending into the left hip and down the left lower extremity in appears to be the L5 as well as the S1 roots. Per the doctor's note dated 5/31/14, patient had complaints of low back pain. Physical examination revealed symptomatology in the mid to distal lumbar segments, standing flexion and extension, guarded and restricted; there is no significant neurologic deficit in the lower extremities at this point. The medication lists include omeprazole, ondansetron, naproxen, Soma and Medrox ointment. The patient has had MRI scan of the low back on 01/10/11 that revealed degenerative disc disease at L5-S1 with disc protrusion, and foraminal stenosis at L5-S1, MRI of neck and left shoulder and electromyography (EMG)/nerve conduction velocity (NCV) that was normal. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of the PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #30 with 2 Refills: 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 Official Disability Guidelines (ODG) Pain (updated 11/21/14) Antiemetics (for opioid nausea); Thompson Micromedex Ondansetron and FDA labeled indication

**Decision rationale:** Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG and Thompson Micromedex were used. Per ODG, "Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use." According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, "Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis." Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on gastrointestinal (GI) examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of the Ondansetron 8mg #30 with 2 refills for this patient at this juncture.

**Medrox ointment 120gm times 2:** 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** Medrox contains methyl salicylate, menthol, capsaicin ointment. According to the MTUS, Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....."There is no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the MTUS. Topical Capsaicin is not recommended in this patient for this diagnosis. The medical necessity of the request for Medrox ointment 120gm times 2 is not fully established in this patient.

