

Case Number:	CM14-0084680		
Date Assigned:	07/21/2014	Date of Injury:	07/19/2011
Decision Date:	12/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and mid back pain reportedly associated with an industrial injury of July 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and reported return to work. In a Utilization Review Report dated May 9, 2014, the claims administrator approved a request for naproxen, partially approved Cyclobenzaprine, denied Zofran, approved omeprazole, and denied Medrox. The request represented retrospective denials of services rendered on May 7, 2012, it was suggested. The applicant's attorney subsequently appealed. In an April 21, 2014 RFA form, Cyclobenzaprine, Zofran, Omeprazole, and Medrox ointment were endorsed via preprinted checkboxes. No narrative commentary was attached. In a May 7, 2012 progress note, the applicant reported ongoing complaints of low back and mid back pain. The applicant was returned to regular duty work while Naproxen, Omeprazole, Zofran, Flexeril, and Medrox were endorsed. It was stated that the medications were providing the applicant with symptomatic relief and allowing him to function on a daily basis. Open MRI imaging of the thoracic spine was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120, date of service: 5/7/12.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 4/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: 1. No, the request for Cyclobenzaprine 7.5 mg #120 was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, concurrently using a variety of other agents, including Naproxen, Zofran, Prilosec, Medrox, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of Cyclobenzaprine at issue does run counter to the position espoused on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines to reserve Cyclobenzaprine for a "short-course of therapy." Therefore, the request was not medically necessary.

Ondansetron 8mg #60, date of service: 5/7/12.: 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 last updated 4/10/2014; Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: 2. Similarly, the request for Ondansetron (Zofran), an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling medical evidence to support such usage. Here, however, the attending provider did not clearly state why Zofran is being employed. The attending provider did not, for instance, outline the presence of any active symptoms of nausea or vomiting for which Zofran would have been indicated, nor did the attending provider establish the presence of any recent cancer chemotherapy, radiation therapy, and/or surgery for which Zofran could have been provided, per the Food and Drug Administration (FDA). Therefore, the request was not medically necessary.

Medrox 120g #2, date of service: 5/7/2012.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide

Decision rationale: 3. Finally, the request for topical Medrox was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the capsaicin should be reserved as a last line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of several first-line oral pharmaceuticals, including naproxen, effectively obviated the need for the capsaicin-containing Medrox patches at issue. Therefore, the request was not medically necessary.