MAXIMUS Federal Services

Case Number:	CM14-0092265		
Date Assigned:	08/01/2014	Date of Injury:	02/24/2010
Decision Date:	09/11/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 neck pain, low back pain, knee pain, and foot pain reportedly associated with an industrial injury of February 24, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.In a Utilization Review Report dated June 6, 2014, the claims administrator retrospectively denied a request for ondansetron and Medrox.The applicant's attorney subsequently appealed.In an April 29, 2010 progress note, the applicant placed off of work, on total temporary disability, owing to ongoing complaints of neck, low back, bilateral knee, and bilateral heel pain. The applicant was described as using Diovan and an unspecified medication for cholesterol. The attending provider stated, somewhat incongruously, that the applicant was still employed for [redacted] in one section of the report while then stating, in another section of report, that the applicant was placed off of work, on total temporary disability.On May 20, 2010, the attending provider stated that he was furnishing the applicant with prescriptions for Naprosyn, omeprazole, Cidaflex (glucosamine), and topical Medrox while placing the applicant off of work, on total temporary disability. Ongoing complaints of neck, low back, bilateral knee, and bilateral foot pain were reported. There is no discussion of medication efficacy, however. It was not stated whether or not the medications in question represented a first-time request or renewal request.On July 15, 2010, the attending provider stated that the applicant should pursue multilevel cervical fusion surgery. Multiple medications were renewed, including, Naprosyn, Cidaflex, Norflex, ondansetron, and omeprazole. The attending provider stated that omeprazole was being employed for gastric protective purposes. The applicant was again placed off of work, on total temporary disability.

There was no mention of medication efficacy. The applicant was described as 58 years old as of this date, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #30 (DOS 07/15/10): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administrator (FDA).

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be warned from regarding usage of the same and should, furthermore, furnish compelling medical evidence to support such usage. The Food and Drug Administrator (FDA) notes that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there was no evidence that the applicant had had any radiation therapy, chemotherapy, and/or surgery on or around the date in question, July 15, 2010. Rather, it appears that the applicant was furnishing ondansetron for medication-induced nausea. This is not an FDA-approved role for ondansetron, however. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence to support such usage. Therefore, the request was not medically necessary.

Medrox Pain Relief Ointment #240g (DOS 07/15/10): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, Norflex, etc., effectively obviates the need for what page 111 in the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental topical" topical analgesics, such as Medrox. Therefore, the request was not medically necessary.

Ondansetron ODT tablets 8mg #30 (DOS: 03/23/11): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: 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. The Food and Drug Administrator (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was no evidence that the applicant had had any surgeries, chemotherapy, and/or radiation therapy on or around the date in question March 23, 2011. No rationale for selection and/or ongoing usage of ondansetron in the face of the unfavorable FDA recommendation was proffered by the attending provider. Therefore, the request was not medically necessary.

Medrox Pain Relief Ointment #240g (DOS 03/23/11): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn and Norflex, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics, such as the Medrox ointment in question. Therefore, the request was not medically necessary.