

Case Number:	CM14-0098437		
Date Assigned:	09/23/2014	Date of Injury:	05/10/2010
Decision Date:	10/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old female who reported an injury on 05/10/2010 due to lifting her computer onto a conveyor belt for the metal detector when she felt a sharp pain in her neck on the right side. She was unable to use or lift her right arm as she had shooting pain into her right shoulder, arm and fingers. Diagnoses were cervical discopathy/radiculitis, bilateral cubital tunnel syndrome with positive electrodiagnostic studies of left cubital tunnel syndrome, clinical bilateral carpal tunnel syndrome, and lumbar discopathy. The physical examination on 09/15/2011 revealed complaints of persistent pain in the cervical spine that radiated to the upper extremities with numbness and tingling. The injured worker also complained of persistent pain in the low back. There were complaints of bilateral elbow and wrist symptoms that were not changed. Examination of the cervical spine revealed tenderness around the paravertebral muscles that extended from the occipital cervical junction to the levator scapulae and upper trapezius muscles. There was a positive axial loading compression test and positive Spurling's maneuver. There was dysesthesia in the C5-7 dermatome. The examination of bilateral elbows was essentially unchanged. There was a positive Tinel's sign at the elbows. The physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. The treatment plan was for MRI of the cervical spine. Medications were naproxen, Cidaflex tablets, ondansetron ODT, Omeprazole, and Medrox. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansefron ODT mg #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 - TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

Decision rationale: The decision for Ondansefron ODT mg #60 is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of conservative treatment exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. The provider's request does not indicate a frequency for the medication. The efficacy of this medication was not reported. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Cidaflex Tablet #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine (and Chondroitin)

Decision rationale: The decision for Cidaflex Tablet #120 is not medically necessary. Reference from drugs.com stated that Cidaflex is glucosamine and chondroitin sulfate. The Official Disability Guidelines state, for glucosamine and chondroitin sulfate, it is recommended as an option (glucosamine sulfate only) given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment; similar studies are lacking for glucosamine hydrochloride. For all herbals and dietary supplements, there may be concerns for potential interactions with prescription and over the counter medications and lack of manufacturing quality controls. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Medrox Ointment 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Page(s): 105, 111, 28.

Decision rationale: The decision for Medrox Ointment 120gm is not medically necessary. The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin, and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The medical guidelines do not support the use of compounded topical analgesics. The medical guidelines do not recommend capsaicin 0.0375% for use. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.