

Case Number:	CM13-0009732		
Date Assigned:	03/10/2014	Date of Injury:	08/21/2009
Decision Date:	12/07/2015	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male, who sustained an industrial injury on 8-21-09. The injured worker is diagnosed with lumbar facet arthropathy-discopathy. The injured worker was working full duty with no restrictions. A note dated 5-30-15 reveals the injured worker presented with complaints of constant low back pain that radiated into his lower extremities accompanied by numbness and tingling. The pain is increased by bending, lifting, twisting, pushing, pulling and prolonged sitting, standing and walking. A physical examination dated 5-30-15 revealed pain and tenderness in the low back, range of motion is guarded, restricted and painful, some dysesthesia in the bilateral lower extremities (right greater than left). Treatment to date has included cervical discectomy and fusion (C6-C7), medications; Cyclobenzaprine, Ondansetron ODT, Omeprazole DR, Medrox ointment and Tramadol (5-2013). Diagnostic studies include cervical and lumbar spine MRI and x-rays, cervical spine CT scan. A request for authorization dated 6-28-13 for Medrox ointment 120 grams with 1 refill, Omeprazole DR 20 mg #120 and Ondansetron ODT 8 mg with 1 refill are non-certified and Cyclobenzaprine 7.5 mg #120 is modified to #20 (all with a date of service of 5-30-13), per Utilization Review letter dated 7-23-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Ointment 120gm with 1 refill (date of service 05/30/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg #120, (date of service 05/30/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Ondansetron ODT 8mg #30 with 1 refill (date of service 05/30/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Procedure Summary antiemetics.

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

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea because of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

Cyclobenzaprine 7.5mg #120 (date of service 05/30/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it appears that this medication has not been prescribed previously. The requesting physician has stated that it is for acute treatment of flare-ups. Of course, ongoing use would require documentation identifying analgesic efficacy and functional improvement because of the medication. As such, the currently requested cyclobenzaprine (Flexeril) is medically necessary.