

<b>Case Number:</b>	CM14-0177742		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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, male patient, who sustained an industrial injury on 04/23/2010. A primary treating office visit dated 07/23/2014 provide partial documentation of visit and reported a physical therapy prescription initiated for twice weekly times 6 weeks, treating the cervical and lumbar spine. A request was made for the following medications; Ondansetron, Medrox and Cidaflex. On 10/01/2014, Utilization Review, non-certified the request, noting both ODG Pain, Zofran and CA MTUS Chronic Pain Topical Analgesia were cited. The injured worker submitted an application for independent medical review of services requested.

### 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 x 2 dos: 11/21/11: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Ondansetron (Zofran).Mosby's Drug Consult: Ondansetron.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

**Decision rationale:** Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no recent documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg #30 x2 is not medically necessary.

**Medrox pain relief ointment 120gm x 2 dos: 11/21/11: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Medrox ointment 120gm x2 is not medically necessary.

**Cidaflex tablets #120 dos: 11/21/11: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** According to MTUS guidelines, CIDAFLEX (Glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Cidaflex tablets #120 is not medically necessary.