

Case Number:	CM14-0186772		
Date Assigned:	11/14/2014	Date of Injury:	02/28/2011
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 55 year-old male with a date of injury of February 28, 2011. The patient's industrially related diagnoses include cervicalgia, lumbar disc displacement, cervical disc displacement, lumbosacral neuritis, major depressive disorder, insomnia, and psychological factors affecting medical condition. The injured worker had an MRI of the cervical and lumbar spine on 1/23/2012 and a course of physical therapy to the cervical and lumbar spine in 2014. The disputed issues are prescriptions for Medrox Pain Relief Ointment #120 gm times two (#240 gm), Omeprazole 20mg #120, and Ondansetron ODT 8mg #30 times two (#60). A utilization review determination on 10/23/2014 had non-certified these requests. The stated rationale for the denial of Medrox was: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The stated rationale for the denial of Omeprazole was: "The documentation does not describe current gastrointestinal symptoms or treatment rendered thus far for gastrointestinal symptoms such as dietary modification, and documentation does not describe risk factors for gastrointestinal bleed to warrant prophylaxis." Lastly, the stated rationale for the denial of Ondansetron ODT was: "The current medical records do not describe recent surgery or treatment for cancer and as such the medical necessity is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment 120gm times two (2) QTY: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Medrox is a compounded topical medication consisting of methyl salicylate, menthol, and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. With regard to capsaicin, the Chronic Pain Medical Treatment Guidelines state on pages 28-29: "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." Given this recommendation against a 0.0375% strength of capsaicin, the Medrox is not medically necessary.

Omeprazole delayed release capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. 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. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Within the submitted medical records available for review, there was documentation that the injured worker was taking anti-inflammatories for the pain but there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use. Furthermore, there was no indication that the injured worker was at risk for gastrointestinal events with NSAID use as defined in the guidelines and there was no other documented indication for this medication. In light of the above issues, the prescription for Omeprazole 20mg #120 is not medically necessary.

Ondansetron ODT 8mg #30 times two QTY: 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, Anti-emetics

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 ODT 8mg (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 submitted medical records available for review, there was no indication that the injured worker had nausea as a result of any of the diagnoses listed in the guidelines. Additionally, there were no subjective complaints of nausea in any of the progress reports provided for review. In the absence of clarity regarding these issues, the prescription for Ondansetron ODT 8mg #30 times two (#60) is not medically necessary.