

Case Number:	CM14-0195707		
Date Assigned:	12/03/2014	Date of Injury:	01/30/2012
Decision Date:	01/15/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 1/30/12 date of injury. At the time (5/1/14) of the Decision for Medrox Pain Relief Ointment 120gm x2 QTY: 240 DOS 11/29/12, Ondansetron ODT tab 8 mg #60 DOS 11/29/12, Cidaflex Tablets #120 DOS 11/29/12, and Cyclobenzaprine 7.5mg #120 DOS 11/29/12, there is documentation of subjective (low back pain) and objective (tenderness over lumbar spine with decreased range of motion) findings, current diagnoses (lumbar discopathy), and treatment to date (medications (including ongoing treatment with Dexilant, Lipitor, Zetia, Norvasc, and Aspirin)). Regarding Ondansetron ODT tab 8 mg #60 DOS 11/29/12, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Cidaflex Tablets #120 DOS 11/29/12, there is no documentation of moderate arthritis pain of the knee. Regarding Cyclobenzaprine 7.5mg #120 DOS 11/29/12, there is no documentation of acute exacerbation of low back pain; and the intention for short-term (less than two weeks) treatment.

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 x2 QTY: 240 DOS 11/29/12: 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): 111-113.

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox Pain Relief Ointment 120gm x2 QTY: 240 DOS 11/29/12 is not medically necessary.

Ondansetron ODT tab 8 mg #60 DOS 11/29/12: 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), Pain, Ondansetron (Zofran)

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

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT tab 8 mg #60 DOS 11/29/12 is not medically necessary.

Cidaflex Tablets #120 DOS 11/29/12: Upheld

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

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

Decision rationale: MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). Within the medical information available

for review, there is documentation of a diagnosis of lumbar discopathy. However, despite documentation of pain, there is no (clear) documentation of moderate arthritis pain of the knee. Therefore, based on guidelines and a review of the evidence, the request for Cidaflex Tablets #120 DOS 11/29/12 is not medically necessary.

Cyclobenzaprine 7.5mg #120 DOS 11/29/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy. In addition, there is documentation of Cyclobenzaprine used as a second line option. However, despite documentation of pain, and given documentation of a 1/30/12 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbation of low back pain. In addition, given documentation of a request for Cyclobenzaprine #120, there is no (clear) documentation of the intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #120 DOS 11/29/12 is not medically necessary.