

<b>Case Number:</b>	CM14-0198420		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/07/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 American Board Family Practice 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:

62 yr. old female claimant sustained a cumulative work injury from 1/2/73-11/7/10 involving the neck and back. She was diagnosed with cervical radiculopathy, lumbar discopathy and carpal tunnel syndrome. A progress note on 3/19/12 indicated the claimant had residual pain in neck and back. Exam findings were notable for cervical muscle spasms, tenderness in the paravertebral muscle region, trapezial spasms and a positive Spurling's maneuver. The treating physician provided Naproxen for pain, Sumatriptan for headaches, Ondansetron for nausea, Omeprazole for upset stomach and topical Medrox for aches and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective request for Medrox Ointment 120 gm # 2: 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 contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The uses of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses less than .025%. An increase over this

amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.

**Retrospective request for Ondasetron ODT 8 mg # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Dug Consult

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

**Decision rationale:** According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary.

**Retrospective request for Sumatriptan Succinate 25 mg # 180 DOS 3/19/12: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Triptans

**Decision rationale:** According to the guidelines, Triptans are recommended for migraine sufferers. In this case, the diagnoses did not include migraine. The response to prior use of Sumatriptan was not noted. Headaches from cervical injury are distinct from migraines. In addition, Rizatriptan is superior to Sumatriptan (Imitrex) for migraines. The Sumatriptan is not medically necessary.