

Case Number:	CM14-0198426		
Date Assigned:	12/08/2014	Date of Injury:	11/07/2010
Decision Date:	02/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	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 Family Practice and is licensed to practice in Florida. 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 63 year old with a date of injury of November 7, 2010. Results of the injury include symptomology in the cervical spine, chronic headaches, tension between the shoulder blades and upper extremity. Diagnoses include cervical discopathy, lumbar discopathy, and carpal tunnel syndrome/double crush syndrome. Treatment modalities include Naproxen for inflammation, cidaflex tablets, odansetron ODT Tablets, and medrox pain relief ointment. Electrodiagnostic evaluation of bilateral upper and lower extremities dated April 13, 2011 showed acute cervical and lumbar radiculopathy were not seen, no electroneurographic indicators of entrapment neuropathy were seen in the lower extremities, no electroneurographic indicators of carpal tunnel syndrome of ulnar neuropathy were seen. Progress report dated May 2, 2011 showed the cervical spine to have paravertebral muscle tension with generalized weakness in the arms and hands. Bilateral wrists showed positive Tinel and Phalen signs. Lumbar spine showed tenderness at the lumbar paravertebral muscles. Work Status showed the injured worker as temporarily totally disabled. Treatment plan was for surgery, post operative pain medication, and physical therapy. Utilization review form dated October 28, 2014 noncertified Medrox ointment #120 with 2 refills, Omeprazole 20mg #120, Odansetron 4mg #30 with 2 refills, for Naproxen 500mg #100, and Cidaflex tablets #120 due to noncompliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic Medrox contains Methyl Salicylate, Menthol, and Capsaicin. Capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments." There is no documentation that this patient is intolerant to all other potential treatments. Therefore, this request for Medrox is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on non-steroidal anti-inflammatory drugs (NSAIDs) and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use and should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI [gastrointestinal] and cardiovascular risk factors. Determine if the 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)." This patient does not have any of the aforementioned gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.

Ondansetron 4mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14)

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

Decision rationale: The California MTUS guidelines do not address the usage of Ondansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

Naproxen 500mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDS had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Cidaflex tablets #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 58-59.

Decision rationale: Cidaflex contains glucosamine and chondroitin. MTUS guidelines state that this medication is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. With regards to this patient's case, this patient does not have knee osteoarthritis, and no documentation of even moderate arthritic findings. There are also no recent notes regarding subjective or objective improvement in pain or function with this medication. Therefore, this request for Cidaflex is not considered medically necessary.