

Case Number:	CM14-0198681		
Date Assigned:	12/08/2014	Date of Injury:	11/07/2010
Decision Date:	01/21/2015	UR Denial Date:	10/30/2014
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 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 62-year-old female with an 11/7/10 date of injury. At the time (2/14/11) of request for authorization for Medrox pain relief ointment 120gm x2 #240 DOS 02/14/11, Omeprazole delayed release capsules 20mg DOS 2/14/11, and Ondansetron ODG tablets 8mg #30 x3 DOS 2/14/11, there is documentation of subjective (neck, wrist/hands, and low back pain) and objective (positive axial loading compression test, positive Spurling's maneuver, positive Phalen's maneuver, tenderness over the mid to distal lumbar segments, and no significant radicular pain pattern) findings, current diagnoses (cervical discopathy, lumbar discopathy, and carpal tunnel syndrome/double crush syndrome), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP, Aspirin and Tylenol)). Regarding Medrox pain relief ointment 120gm x2 #240 DOS 02/14/11, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Regarding Omeprazole delayed release capsules 20mg DOS 2/14/11, there is no documentation of risk for gastrointestinal events. Regarding Ondansetron ODG tablets 8mg #30 x3 DOS 2/14/11, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

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 #240 DOS 02/14/11: 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 and 112.

Decision rationale: An online source identifies that Medrox ointment contains Methyl salicylate, Menthol, and Capsaicin 0.050%. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy, and carpal tunnel syndrome/double crush syndrome. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Medrox pain relief ointment 120gm x2 #240 DOS 02/14/11 is not medically necessary.

Omeprazole delayed release capsules 20mg DOS 2/14/11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy, and carpal tunnel syndrome/double crush syndrome. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole delayed release capsules 20mg DOS 2/14/11 is not medically necessary.

Ondansetron ODG tablets 8mg #30 x3 DOS 2/14/11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult

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). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy, and carpal tunnel syndrome/double crush syndrome. 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 ODG tablets 8mg #30 x3 DOS 2/14/11 is not medically necessary.