

Case Number:	CM14-0073946		
Date Assigned:	12/04/2014	Date of Injury:	04/30/2010
Decision Date:	01/16/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

43 year old female with date of injury 4/30/2010 continues care with the treating physician. The mechanism of injury is not known. Diagnoses include neck pain, low back pain, left knee meniscal tear, left knee tendonitis, and left ankle sprain. Patient has ongoing pain despite medications, though cervical epidural steroid injection helped neck symptoms somewhat. The date of the most recent treatment request included in the records for review is 4/23/2014. The treating physician requests Cyclobenzaprine, Ondansetron, and Medrox. The records supplied do not specify exactly what each medication is to be used to treat..

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120 DOS: 08/15/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs, Antispasmodics,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, and 64.

Decision rationale: Cyclobenzaprine and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. Cyclobenzaprine has

been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004). Per the records supplied, patient has used muscle relaxers off and on for years. The current requested number of Cyclobenzaprine, exceeds 30 days supply. As above, the Cyclobenzaprine is to be limited to use less than 3 weeks. As there is no support, per the guidelines, for long term use, the above request for Cyclobenzaprine 7.5mg #120 is not medically necessary.

Ondansetron 8mg #30 with 2 refills, DOS: 08/15/2012: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.fda.gov

Decision rationale: The MTUS Guidelines and the ACOEM Guidelines do not address the issue of Ondansetron, so other resources were consulted. Per the FDA, Ondansetron, a 5-HT₃ receptor antagonist, has indications to prevent nausea and vomiting associated with the following: Chemotherapy, Radiation Therapy, Post-operative. Ondansetron can also be used acutely to ease symptoms associated with gastroenteritis. Per the records supplied for the patient, she does not have any conditions for which Ondansetron is indicated. As the records do not suggest a clinical reason that would warrant Ondansetron use, the request for Ondansetron 8mg #30 with 2 refills, DOS: 8/15/12, is not medically necessary.

Medrox 120gm with 2 refills, DOS: 08/15/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113.

Decision rationale: The requested topical analgesic combination is Medrox, comprised of Capsaicin 0.05%, Menthol 7%, and Methyl salicylate 20%. Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Per the guidelines, Capsaicin topical can only be recommended for those who have failed to respond to or are

intolerant of other options for pain relief. Some good randomized studies suggest that Capsaicin is useful for osteoarthritis, fibromyalgia and chronic non-specific back pain (consistent with patient of concern). However, higher doses of Capsaicin (anything over 0.025% based on available studies) are considered experimental and have no studies to support use in the above conditions. It is noted that Capsaicin has moderate to poor efficacy, but can work, alone or in compound, for patients whose pain has not been controlled with conventional therapies. Capsaicin produces "highly selective regional anesthesia by causing degeneration of capsaicin-sensitive nociceptive nerve endings, which can produce significant and long lasting increases in nociceptive thresholds." (Maroon, 2006) The above statements, it should be noted, support only the use of 0.025% dose Capsaicin. Per the records supplied for the patient of concern, there is no documentation that she has failed a trial of first line therapies for neuropathic pain (Tricyclic Antidepressants, SNRI Antidepressants or Anti-epilepsy drugs). Furthermore, the requested formulation includes Capsaicin in a strength (0.05%) that has no quality evidence to support its use. The MTUS Guidelines do not address methyl salicylate or menthol topical preparations, which in this case is not relevant as the Capsaicin component is considered not recommended, so the request for Medrox 120gm with 2 refills is not medically necessary.