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| Case Number: | CM15-0000410 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 09/16/2010 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient who sustained an industrial injury on 09/16/2010. a primary treating office visit dated 08/15/2011, reported subjective complaint of cervical spine pains. Objective findings showed significant tenderness throughout the paravertebral muscle of the cervical spine. The symptomatology still persists with extension into upper extremities: the lumbar spine with tenderness at the lumbar paravertebral meuscles and pain with terminal motion. The following diagnoses are applied; cervical discopathy and lumbar discopathy. A request was made for medications Ondasetron, Medrox and Cidaflex. On 12/10/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Topical Analgesia, Glucosamine were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 DOS 8/15/11: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online ODG Pain Chapter Ondansetron(Zofran®).

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Ondansetron ODT 8mg #30 DOS 8/15/11. The treating physician states, "Ondansetron is being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents (8)." The ODG guidelines state, "Not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In this case, the treating physician has not documented any nausea or vomiting related to opioid use and there is no documentation that the patient is undergoing chemotherapy, radiation treatment, is post-operative or suffers from gastroenteritis. The current request is not medically necessary and the recommendation is for denial.

Medrox pain relief ointment 120gm #240 DOS 8/15/11: 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): 111-113.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Medrox pain relief ointment 120 gm #240 DOS 8/15/11. Medrox is a topical analgesic that contains capsaicin, menthol, and methyl salicylate. The treating physician states, "Medrox pain relief ointment to be used topically for relief of minor aches and muscle pain, to be applied up to four times a day (9)." The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support the usage of Capsaicin .0375% formulation and topical NSAIDs (salicylate) is only supported for peripheral joint arthritis/tendinitis type of problems which this patient does not present with. In this case, the treating physician has not documented that the patient has peripheral joint arthritis/tendinitis and has prescribed a topical analgesic, which is not recommended by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Cidaflex tabs #120 DOS 8/15/11: Overturned

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

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

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Cidaflex tabs #120 DOS 8/15/11. The treating physician states, "Cidaflex is being prescribed as a joint supplement, to be taken one tablet by mouth three times a day for

joint pain (9)." The MTUS guidelines state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Exploratory analyses suggest that the combination of glucosamine and chondroitin sulfate may be effective in the subgroup of patients with moderate-to-severe knee pain." In this case, the treating physician has documented that the patient is experiencing arthritic neck and back pain. The MTUS guidelines do support this medication for arthritis pain. The current request is medically necessary and the recommendation is for authorization.