

Case Number:	CM15-0000417		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2010
Decision Date:	04/14/2015	UR Denial Date:	12/09/2014
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 57 year old female, who sustained an industrial injury on September 16, 2010. She has reported immediate pain in the neck after a motor vehicle accident. The diagnoses have included lumbar discopathy, lumbago and cervicgia. Treatment to date has included medication, diagnostic studies, physical therapy, cervical collar, splint, occupational therapy, heat, electrical stimulation, acupuncture and home exercises. On September 5, 2013, the injured worker complained of occasional pain in the lower back, right side greater than the left. The pain radiated to the buttocks and down the legs to the toes and was associated with numbness and tingling. On December 9, 2014, Utilization Review non-certified Medrox 120gm x 2 (DOS 01/16/2012), Ondansetron 8mg #30 x 2 (DOS 01/16/2012), Omeprazole 20mg #120 (DOS 01/16/2012) and Cidaflex #120 (DOS 01/16/2012), noting the CA MTUS and Official Disability Guidelines. On January 2, 2015, the injured worker submitted an application for Independent Medical Review for review of Medrox 120gm x 2 (DOS 01/16/2012), Ondansetron 8mg #30 x 2 (DOS 01/16/2012), Omeprazole 20mg #120 (DOS 01/16/2012) and Cidaflex #120 (DOS 01/16/2012).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox 120gm x 2 DOS 1/16/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate Topicals Page(s): 111-113 & 105.

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

Decision rationale: The patient presents with neck, back, and shoulder pain. The current request is for Medrox 120gm x 2 DOS 1/16/12. The treating physician states, The current request is to be used topically for relief of minor aches and muscle pain. (B.9) The treating physician has prescribed Medrox ointment which is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. The MTUS guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that no studies have been performed on Capsaicin .0375% formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The MTUS guidelines do not support the usage of Capsaicin .0375% formulation. Furthermore, Salicylate topical, an NSAID, is supported for peripheral joint arthritic and tendinitis type of problems only. There is no indication that the patient has peripheral joint arthritic or tendinitis type problems. The current request is not medically necessary and the recommendation is for denial.

Ondansetron 8mg #30 x 2 DOS 1/16/12: Upheld

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

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

Decision rationale: The patient presents with neck, back, and shoulder pain. The current request is for Ondansetron 8mg #30 x 2 DOS 1/16/12. The treating physician states that the current request, is being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The patient has described relief of this type of nausea with the use of this medication in the past. (B.8) The MTUS Guidelines do not address Zofran (Ondansetron). The ODG Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. In this case, there is no indication that the patient is undergoing chemotherapy or radiation treatment. The current request is not medically necessary and the recommendation is for denial.

Omeprazole 20mg #120 DOS 1/16/12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The patient presents with neck, back, and shoulder pain. The current request is for Omeprazole 20mg #120 DOS 1/16/12. The treating physician states, the current request is being prescribed to the patient today for GI symptoms. The patient described stomach upset and epigastric pain with the use of Naproxen previously. (B.9) MTUS states, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also 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. In this case, the physician has documented that the patient is currently prescribed an NSAID and is having GI symptoms. The MTUS guidelines allow for the treatment of dyspepsia with a PPI. The current request is medically necessary and the recommendation is for authorization.

Cidaflex #120 DOS 1/16/12: Overturned

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

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

Decision rationale: The patient presents with neck, back, and shoulder pain. The current request is for Cidaflex #120 DOS 1/16/12. The treating physician states, The current request is being prescribed as a joint supplement, to be taken one table by mouth three times a day for joint pain. (B.9) There is no further discussion of the current request. MTUS guidelines Glucosamine (and Chondroitin Sulfate) page 50 state that this medication is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient has arthritic pain affecting the cervical and lumbar spine and is status post C4 to C7 fusion. The current request is medically necessary and the recommendation is for authorization.