

<b>Case Number:</b>	CM15-0000507		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 reported injuries to her neck, back and ribs. The diagnoses have included cervicalgia and lumbago. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. Currently, the injured worker complains of occasional pain in the low back, right side greater than the left. The pain radiates to the buttocks and down the legs to the toes. There is associated tingling and numbness. On December 4, 2014, Utilization Review non-certified Omeprazole 20mg #120, Ondansetron 8mg #30 x 2, Medrox ointment 120gm x2 and Cyclobenzaprine HCI 7.5mg #120, 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 Omeprazole 20mg #120, Ondansetron 8mg #30 x 2, Medrox ointment 120gm x2 and Cyclobenzaprine HCI 7.5mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120 DOS 2/4/13: 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, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with residual symptomatology of the cervical spine with signs and symptoms consistent with routine symptomatic hardware. The patient also complains of low back pain and headaches that are migrainous in nature. The current request is for Omeprazole 20 mg #120, DOS 02/04/2013. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: Age is greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. Review of the medical file indicates the patient has been utilizing naproxen on a long-term basis and complains of stomach upset. In this case, given the patient's dyspepsia and long-term use of naproxen, the use of omeprazole is in accordance with MTUS Guidelines. The requested omeprazole IS medically necessary.

**Ondansetron 8mg #30 x 2 DOS 2/4/13:** 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 Official disability guidelines Pain chapter, Antiemetic.

**Decision rationale:** This patient presents with residual symptomatology of the cervical spine with signs and symptoms consistent with routine symptomatic hardware. The patient also complains of low back pain and headaches that are migrainous in nature. The current request is for Ondansetron 8 mg #30 x2, DOS 02/04/2013. The MTUS and ACOEM Guidelines do not discuss ondansetron. The ODG Guidelines has the following regarding antiemetic under the pain chapter, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA-approved indications." ODG further states that ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. 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. The treating physician states that ondansetron is prescribed as the patient complains of "nausea associated with her headaches and cervical spine pain." In this case, ODG Guidelines do not support the use of ondansetron other than for nausea following chemotherapy, acute gastroenteritis, or for postoperative use. The patient does not meet the indication for this medication, and there is no indication that the patient is pending surgery. The requested ondansetron IS NOT medically necessary.

**Medrox ointment 120gm x2 DOS 2/4/13:** 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, Topical Analgesics and Salicylate Topicals.

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

**Decision rationale:** This patient presents with residual symptomatology of the cervical spine with signs and symptoms consistent with routine symptomatic hardware. The patient also complains of low back pain and headaches that are migrainous in nature. The current request is for Medrox ointment 120 g x2 DOS 02/04/2013. Medrox topical cream contains 0.035% of capsaicin, menthol, and 0.0375% of methyl salicylate. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The prescription for this topical formulation was noted in progress report dated 02/04/2013. The treating physician states that this topical agent is "for relief of minor aches and muscle pain to be applied up to 4 times a day." Topical NSAID is recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not meet the criteria for using a topical NSAID as he suffers from headaches and neck and low back pain. Given the patient does not meet the indication for a topical NSAID, the entire compounded cream is rendered invalid. The requested Medrox ointment IS NOT medically necessary.

**Cyclobenzaprine HCl 7.5mg #120 DOS 2/4/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with residual symptomatology in the cervical spine with signs and symptoms consistent with routine symptomatic hardware. The patient also complains of low back pain and headaches that are migrainous in nature. The current request is for Cyclobenzaprine HCl 7.5 mg #120, DOS 02/04/2013. MTUS chronic pain medical treatment guidelines page 63-66 states, "Muscle relaxants: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The treating physician states that cyclobenzaprine has been provided for the patient's "palpable paravertebral muscle spasms, which were noted in the cervical and lumbar spine." MTUS Guidelines indicate that muscle relaxants such as cyclobenzaprine is appropriate for acute exacerbations of low back pain and does not recommend its use for longer than 2 to 3 weeks. The current request is for #120, which does not indicate that this medication is not prescribed for short-term use. This request IS NOT medically necessary.