

Case Number:	CM15-0000520		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2010
Decision Date:	04/15/2015	UR Denial Date:	12/05/2014
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

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 cervical pain with headaches and has been diagnosed with status post C4 to C7 hybrid reconstruction with retained symptomatic hardware and lumbar discopathy. Treatment has include surgery, physical therapy, diagnostic studies, medications, a home exercise program, intramuscular injections, and acupuncture. Currently the injured worker complains of tenderness at the cervical paravertebral muscles with spasm and tenderness at the lumbar paravertebral muscles with spasm. The treatment plan included medications. On December 5, 2014, Utilization Review non-certified Ondansetron ODT tablets 8 mg # 30 x 2 and medrox pain relief ointment 120 gm x 2 citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT Tablets 8mg #30 x2 QTY: 60 (DOS: 11/08/2010): 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, Anitemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Antiemetics (for opioid nausea).

Decision rationale: Based on the 02/04/13 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for Ondansetron Odt Tablets 8 MG #30 X2 QTY: 60 (DOS 11/08/10). The patient is status post C4 to C7 hybrid reconstruction with retained symptomatic hardware and lumbar discopathy, per diagnosis on 02/04/13. Patient's diagnosis per Request for Authorization form dated 11/25/14 included cervicgia and lumbago, indicating Retro RFA for the Med DOS 02/04/13. Patient's medications include Ondansetron, Medrox ointment, Naproxen, Cyclobenzaprine, Sumatriptan Succinate, and Omeprazole. The patient is retired. ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 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." Per progress report dated 02/04/13, in prescribing Ondansetron, treater states "patient has complained of nausea associated with her headaches and cervical pain. This medication has proved beneficial to the patient by suppressing the nausea that occurs with the onset of headache." It is not clear when Ondansetron was prescribed for the first time. Nonetheless, ODG guidelines recommend Ondasetron only for post-operative use and in patients suffering from nausea and vomiting secondary to chemotherapy and radiation treatment. The medication is not indicated for nausea secondary to headaches and cervical pain. Hence, the request IS NOT medically necessary.

Medrox pain relief ointment 120gm x2 #240 (DOS: 11/08/2010): 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 Capsaicin Page(s): 111-113, 28-29.

Decision rationale: Based on the 02/04/13 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for Medrox pain relief ointment 120GM X2 #240 (DOS 11/08/10). The patient is status post C4 to C7 hybrid reconstruction with retained symptomatic hardware and lumbar discopathy, per diagnosis on 02/04/13. Patient's diagnosis per Request for Authorization form dated 11/25/14 included cervicgia and lumbago, indicating Retro RFA for the Med DOS 02/04/13. Patient's medications include Ondansetron, Medrox ointment, Naproxen, Cyclobenzaprine, Sumatriptan Succinate, and Omeprazole. The patient is retired. The 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 (or drug class) that is not recommended is not recommended." MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-

herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful alone or in conjunction with other modalities, in patients whose pain has not been controlled successfully with conventional therapy." Per progress report dated 02/04/13, in prescribing Medrox ointment, treater states "the patient notes this topical cream has provided significant relief of muscle pain and aches, especially in the evenings allowing the patient to relax before sleep." Medrox ointment is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. MTUS states that no studies have been performed on Capsaicin 0.0375% formulation and there is no indication that the increase over a 0.025% formulation would provide further efficacy. MTUS also states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The usage of Capsaicin 0.0375% formulation is not supported by guidelines. Therefore, the request IS NOT medically necessary.