

<b>Case Number:</b>	CM15-0001080		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial injury of September 16, 2010. In a Utilization Review Report dated December 15, 2014, the claims administrator retrospectively denied requests for Zofran, Medrox, and Flexeril apparently dispensed on May 30, 2012. The applicant's attorney subsequently appealed. On February 4, 2013, the applicant reported ongoing complaints of neck pain, headaches, and low back pain. The applicant was status post cervical fusion surgery. Some residual complaints of dysphagia were appreciated. The applicant was given Zofran, Imitrex, Flexeril, naproxen, Prilosec, and Medrox. The applicant was asked to follow up on an as-needed basis. Medication selection and medication efficacy were not clearly detailed. On November 24, 2014, the attending provider retrospectively sought authorization for medications dispensed on August 15, 2011, including Medrox, Zofran, Prilosec, and glucosamine. The applicant's work status and functional status were not discussed. Medication efficacy was likewise not detailed. On September 5, 2013, the applicant presented with ongoing complaints of low back pain. The applicant had received multiple epidural steroid injections, the attending provider noted. A Toradol injection was administered in the clinic. Medication selection and medication efficacy were not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8mg #30 x 2 DOS 5/30/12: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** No, the request for Ondansetron (Zofran) was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, there is no evidence that the applicant had undergone cancer chemotherapy, radiation therapy, and/or surgery. There was, furthermore, no mention of the applicant's personally experiencing symptoms of nausea and/or vomiting on or around the date in question, May 30, 2012. Therefore, the request was not medically necessary.

**Medrox pain relief ointment 120gm x2 DOS 5/30/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - MEDROX- menthol, capsaicin and methyl, [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017), FDA Guidance's & Info; NLM SPL Resources. Download Data - All Drug, Label: MEDROX-menthol, capsaicin and methyl salicylate patch.

**Decision rationale:** Similarly, the request for a Medrox pain relief ointment was likewise not medically necessary, medically appropriate, or indicated here. Similarly, the request for a Medrox pain relief ointment was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however,

there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify usage of the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120 DOS 5/30/12:** 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 Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other agents, including Zofran, Imitrex, Flexeril, naproxen, Medrox, Prilosec, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.