

Case Number:	CM15-0001691		
Date Assigned:	02/12/2015	Date of Injury:	08/08/2006
Decision Date:	04/07/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	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: California, Arizona

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 50-year-old male who reported an injury on 08/08/2006. The mechanism of injury was a motor vehicle accident. His past treatment has included injections, bracing, and use of a cane, chiropractic treatment, home exercise, epidural steroid injection, and medications. The injured worker also has a history of an L4-S1 posterior lumbar interbody fusion on 07/02/2010. On 01/30/2012, the injured worker presented for an orthopedic re-evaluation with complaints of significant increasing pain in his lumbar spine and continued pain in the cervical spine. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The examination of the lumbar spine revealed exquisite amounts of pain and tenderness, more pronounced on the left side. The treatment plan included medication refills for symptomatic relief. His medications included naproxen 550 mg every 12 hours, hydrocodone/acetaminophen 10/325 mg every 8 hours as needed, ondansetron 8 mg as needed for nausea (no more than twice a day), omeprazole 20 mg every 12 hours as needed, and Medrox pain relief ointment to be applied up to 4 times a day for temporary relief of minor aches and muscle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ondansetron,20mg #120, DOS 1/30/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines go on to state ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy/ radiation treatment or for postoperative use. The clinical information submitted for review indicated that the injured worker has been taking ondansetron since at least 10/25/2010 for nausea. However, as the guidelines do not recommend this medication to be used for opioid nausea and the injured worker was not noted to be in the immediate postoperative or to be undergoing chemotherapy or radiation treatment, continued use is not supported. In addition, the request as submitted did not indicate a frequency. For these reasons, the request is not medically necessary.

Retrospective request for Medrox pain relief ointment, 120 gm, two refills, DOS 1/30/12:
Upheld

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

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

Decision rationale: Medrox pain relief ointment contains methyl salicylate 20.00%, menthol 7.00%, and capsaicin 0.050%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug that is not recommended is also not recommended. While the guidelines do support use of salicylate topicals as they have been found to be better than placebo for chronic pain, capsaicin is only recommended for patients who have not responded to or were intolerant of other treatments. Also, when indicated, capsaicin is only recommended up to a 0.025% formulation as there is no evidence to suggest benefit from an increase over this formulation. The clinical information submitted for review did not adequately address that the injured worker has tried and failed first line treatments such as antidepressants and anticonvulsants prior to using topical analgesics. In addition, there was a lack of documentation regarding agents that the injured worker did not respond to or was intolerant of to warrant use of topical capsaicin. In addition, the topical capsaicin contained in Medrox ointment is over the recommended maximum of a 0.025% formulation. Therefore, as the requested topical analgesic contains an agent that is not recommended, it is also not recommended per the guidelines. Furthermore, the request as submitted did not include instructions for use with the body region

the ointment is to be applied to and a frequency was not noted. For these reasons, the request is not medically necessary.