

<b>Case Number:</b>	CM15-0006326		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/27/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 27, 2007. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve request for hydrocodone-acetaminophen-ondansetron amalgam and also denied gabapentin-pyridoxine amalgam. The applicant's attorney subsequently appealed. On November 20, 2014, the attending provider sought authorization for Norflex, a flurbiprofen-omeprazole amalgam, a Keratek analgesic gel, a gabapentin-pyridoxine amalgam, and a flurbiprofen containing compound. Preprinted checkboxes were employed. Little-to-no narrative commentary was furnished. On November 12, 2014, the applicant reported ongoing complaints of bilateral knee pain, 4/10. A Norflex-caffeine amalgam, a gabapentin-pyridoxine amalgam, an omeprazole-flurbiprofen amalgam, and a flurbiprofen containing topical compound were endorsed. The applicant was returned to regular duty work (on paper). The operating diagnosis given was that of knee arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydro/APAP/Ondansetron 10/300/2 MG #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127. Decision based on Non-MTUS Citation

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>Ondansetron (marketed as Zofran) InformationOndansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT<sub>3</sub> 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 hydrocodone-acetaminophen-ondansetron amalgam was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not furnish a clear or compelling rationale for selection of ondansetron. The Food and Drug Administration (FDA) notes that ondansetron is indicated to prevent nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's personally experiencing any issues with nausea or vomiting, nor was there any evidence that the applicant had had recent cancer chemotherapy, radiation therapy, and/or surgery. Since the ondansetron component in the amalgam cannot be supported, the request was not medically necessary.

**Gabapentin/Pyridoxine 250 MG/10 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,Chronic Pain Treatment Guidelines Pain Mechanisms Page(s): hronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 3 of 127.

**Decision rationale:** Similarly, the gabapentin-pyridoxine amalgam was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 264 of the ACOEM Practice Guidelines, vitamin B6 is often used in carpal tunnel syndrome when it is perceived to be deficient; however, ACOEM notes that this practice is not consistently supported by the medical evidence. Here, there was no mention of the applicant's carrying a diagnosis of vitamin B6 deficiency, nor did the applicant carry a diagnosis of carpal tunnel syndrome. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines notes that gabapentin is a first-line treatment for neuropathic pain, page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by lancinating, burning, and/or numbing type symptoms. Here, however, the applicant had mechanical symptoms of knee pain secondary to knee arthritis. It did not appear, thus, that the applicant had any neuropathic complaints which

would have compelled provision of the gabapentin portion of the amalgam. Since neither the gabapentin component in the amalgam nor the pyridoxine component in the amalgam are/were supported by the MTUS in the clinical context present here, the request was not medically necessary.