

Case Number:	CM15-0008340		
Date Assigned:	01/26/2015	Date of Injury:	08/08/2006
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii

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 sustained an industrial injury on 08/08/2006 and 06/23/2008. The diagnoses have included status post L4 to S1 posterior lumbar interbody fusion on 07/02/2010, status post removal of lumbar spinal hardware, and cervical discopathy. Treatments to date have included surgeries, postoperative rehabilitation and physical therapy, nerve root blocks, lumbar epidural steroid injections, and medications. Diagnostics to date have included lumbar spine MRI on 12/19/2007 was noted as unremarkable. In a progress note dated 05/24/2013, the injured worker presented with complaints of constant and severe pain in the low back with left leg symptoms. The treating physician reported that the injured worker was to be referred to a pain management physician for possible left sided selective nerve root blocks with some lumbar epidural steroid injections. Utilization Review determination on 12/16/2014 non-certified the request for Ondansetron 8mg #30 and Medrox Pain Relief Ointment 120gm citing Medical Treatment Utilization Schedule and Non-Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 6mg #60 (DOS 12/05/2011): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Ondansetron (Zofran)^{1/2}

Decision rationale: The patient presents with lower back pain. The current request is for Ondansetron 6mg #60 (DOS 12/05/11). The treating physician states "Ondansetron Hydrochloride Tablets are to be taken for nausea and vomiting."(149C) The ODG guidelines state, "Not recommended for nausea and vomiting secondary to chronic opioid use. 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." In this case, the treating physician has not documented any nausea or vomiting related to opioid use and there is no documentation that the patient is undergoing chemotherapy, radiation treatment, is post-operative or suffers from gastroenteritis. The current request is not medically necessary and the recommendation is for denial.

Medrox pain relief ointment 120mg, (DOS 12/05/2011): 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 Page(s): 111-113.

Decision rationale: The patient presents with lower back pain. The current request is for Medrox Pain Relief Ointment 120mg (DOS 12/05/11). Medrox is a topical analgesic that contains capsaicin, menthol, and methyl salicylate. The treating physician states, "I have also ordered Medrox Ointment for temporary relief of minor aches and muscle pain."(149C) The MTUS guidelines support topical NSAIDs for the treatment of peripheral joint arthritic pain and tendinitis. In this case, the patient suffers from axial skeletal pain which is not supported for Medrox usage. The current request is not medically necessary and the recommendation is for denial.