

<b>Case Number:</b>	CM14-0111607		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient was injured on 10/30/2012. The diagnoses are low back pain and lumbar radiculopathy. The patient is working full time. On 8/1/2014, [REDACTED] noted that the low back pain was radiating to the low extremities. The pain score was reported as 5/10 on a scale of 0 to 10 after two lumbar epidural steroid injections. There are associated numbness and tightness sensations. The objective findings are significant for decreased sensation along the S1 dermatomes. The medications are listed as tramadol and naproxen for pain, cyclobenzaprine for muscle spasm and ondansetron for nausea and vomiting. A Utilization Review determination was rendered on 6/12/2014 recommending non certification for Cyclobenzaprine 7.5mg #120, Ondansetron 8mg #60, Medrox pain ointment 120gm X2, intramuscular injection 2cc Toradol + 1cc Marcaine and vitamin B12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8MG # 60 (DOS 02/04/13, 06/03/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation ODG- Pain Chapter.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 66 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter. The Expert Reviewer's decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of anti-emetics during chronic opioid treatment. The nausea and vomiting during opioid use is self-limiting but may also resolve with reduction of opioid dose. The records indicate that the patient is utilizing ondansetron for chronic treatment of nausea and vomiting. The FDA did not approve the use of ondansetron for chronic treatment. The listed indications are for the treatment of post-operative and chemotherapy induced nausea and vomiting. The criteria for the use of Ondansetron 8mg #60 were not met and the request is considered not medically necessary.

**Medrox pain relief Ointment 120gm x2 (DOS 02/04/13, 06/03/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113. The Expert Reviewer's decision rationale: The CA MTUS recommends that topical compound preparations can be utilized as second-line options in the treatment of neuropathic pain that did not respond to standard NSAIDs, antidepressants and anticonvulsants medications. The records did not show that the patient have failed treatment with first line medications. The topical Medrox preparation contains menthol 5%, capsaicin 0.025% and methyl salicylate 30%. There is no guideline or FDA support for the use of menthol or methyl salicylate in the management of chronic musculoskeletal pain. The criteria for the use of Medrox pain ointment 120gm with two refills, Date of service of 6/3/2013, 2/4/2013 was not met. The request is considered not medically necessary.

**Intramuscular injection 2CC Toradol mixed with 1CC Marcaine and IM injection of vitamin B12, (DOS 08/26/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 72.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 72. The Expert Reviewer's decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of musculoskeletal pain. Toradol is an NSAID that can be utilized in an injectable form for the relief of severe pain during acute injury and perioperative period. The record did not show that the patient met these conditions. There is no documentation of Vitamin B12 deficiency. The criteria for the use of intramuscular injection

of Toradol with 1cc Marcaine and vitamin B12 Date of service 8/26/2013 was not met. This request is considered not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg # 120 (02/04/13, 09/27/2013, 06/03/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66. The Expert Reviewer's decision rationale: The CA MTUS recommends that muscle relaxants could be utilized for short term treatment during exacerbation of acute musculoskeletal pain that did not respond to standard treatment with NSAIDs and Physical Therapy. The guidelines limit the use of muscle relaxants to periods of less than 4 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The request is considered not medically necessary.