MAXIMUS Federal Services

Case Number:	CM14-0136771		
Date Assigned:	09/03/2014	Date of Injury:	01/31/2013
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 injured worker is a 53-year-old male who reported an injury on 01/31/2013. The mechanism of injury was not provided. On 03/18/2014, the injured worker presented with neck pain. The diagnoses were cervical spine surgery, preoperative consultation, hypertension, impaired atherosclerosis of the aorta. The injured worker was having a consultation for his cervical spine surgery. Past surgical history included a lumbar spine surgery. Current medications included Norvasc. Upon examination of the injured worker's neck, there venous distension, no hypertrophy of the accessory neck muscles. The provider recommended ondansetron ODT and Menthoderm gel. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg, QTY: 30: 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 6/10/2014, Antiemetics (for Opioid Nausea).

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.

Decision rationale: The request for Ondansetron ODT 8 mg with a quantity of 30 is not medically necessary. Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, the etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, there is lack of evidence of signs and symptoms of nausea and vomiting in the medical records provided. Therefore, the request is not medically necessary.

Menthoderm gel, QTY: 120: Upheld

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

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

Decision rationale: The request Menthoderm gel is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, antidepressants, glutamate receptor antagonist, and adenosine. There is little to no research support the use of many of these agents. There is lack of documentation indicating the injured worker failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site that the gel is indicated for or the frequency in the request as submitted. Therefore, the request is not medically necessary.