

Case Number:	CM14-0173090		
Date Assigned:	10/23/2014	Date of Injury:	07/21/2008
Decision Date:	12/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/21/08 when, while walking on stairs she missed a step and fell. She continues to be treated for neck, low back, and bilateral knee pain. She was seen by the requesting provider on 03/11/14. Medications were prescribed. On 09/04/12 physical examination findings included upper trapezius and cervical paraspinal muscle tenderness. There was decreased and painful cervical spine range of motion. Spurling's and compression tests were positive. There was positive seated straight leg raising. There were upper and lower extremity dysesthesias. She had bilateral knee effusions with anterior joint line tenderness. A left subacromial injection was performed. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablet 8mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Ondansetron prescribing information

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck, low back, and bilateral knee pain. Indications for prescribing Ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, the claimant is not taking an opioid medication and there is no other clinical reason identified that would support the use of this medication which is therefore not medically necessary.

Medrox pain relief ointment 120gm x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck, low back, and bilateral knee pain. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, Medrox is not medically necessary.

Cidaflex table @120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate), Other Medical Treatment Guideline or Medical Evidence: Cidaflex Prescribing Information.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck, low back, and bilateral knee pain. Cidaflex contains glucosamine 500mg and chondroitin 400 mg and is a dietary supplement used for the treatment of symptoms of osteoarthritis. Glucosamine sulfate alone (without chondroitin sulfate) is recommended as an option in patients with moderate arthritis pain, especially for knee

osteoarthritis. In this case, the requested medication also contains chondroitin and is therefore not considered medically necessary.