

Case Number:	CM14-0178874		
Date Assigned:	11/03/2014	Date of Injury:	11/01/2001
Decision Date:	12/24/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of November 1, 2001. The request for an independent medical review indicates that a Utilization Review dated October 06, 2014 non-certified Ondansetron 8 mg ODT #30 with DOS 01/19/2011, and Medrox Pain Relief Ointment 120 gram times 2 with DOS 01/19/2011. The Ondansetron was denied based on Official Disability Guidelines-Treatment in Workers Compensation, and lack of documentation of nausea or vomiting or of any symptomology that would support use of this medication. The Medrox Pain Relief Ointment was non-certified the based on Official Disability Guidelines-Treatment in Workers and the lack of documentation regarding a failed trial of first line anticonvulsant and antidepressant medication. A PR2 of 09/25/2014 indicates the patient has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp and rated a 7 on a scale of 10. The physical examination of the lumbar spine reveals palpable muscle tenderness with spasm, seated nerve test is positive, standing flexion and extension are guarded and restricted, and there is tingling and numbness in the L5 dermatome. The diagnoses include lumbar disc displacement and lumbosacral neuritis. The report indicates a treatment plan inclusive of medication refills and a request for chiropractic care. The PR2 of 09/25/2014 states medication refills are requested under a separate cover letter that also is not included in this file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg ODT, #30 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Antiemetic's

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetic's

Decision rationale: Regarding the request for Ondansetron 8 mg ODT #30 times 2, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetic's are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in the progress report provided for review. In the absence of clarity regarding those issues, the currently requested Ondansetron 8 mg ODT #30 times 2 is not medically necessary.

Medrox pain relief ointment 120 gm times 2, #240: Upheld

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

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

Decision rationale: Regarding request for Medrox pain relief ointment 120 gm times 2 #240, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of Capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox pain relief ointment 120 gm times 2 #240 is not medically necessary.

