

<b>Case Number:</b>	CM14-0021739		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational 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 58-year-old male with a 11/8/11 date of injury. The mechanism of injury occurred during his course of duty as a deputy sheriff. According to a progress report dated 6/18/14, the patient complained of constant pain in the low back radiating into the lower extremities. On a scale of 1 to 10, the pain was rated a seven. He also complained of constant pain in the bilateral knee with swelling and buckling. On a scale of 1 to 10, the pain was rated a six. Objective findings: tenderness in the joint line of the knee, crepitus with painful ROM of knee, palpable paravertebral muscle tenderness with spasm, standing flexion and extension are guarded and restricted. Diagnostic impression: lumbago, plantar fasciitis, internal derangement of knee. Treatment to date includes medication management, activity modification. A UR decision dated 1/22/14 denied the requests for Ondansetron, Medrox ointment, Cidaflex, Cyclobenzaprine, and Tizanidine. Regarding Ondansetron, the FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. There is no indication in this case for need for this medication. Regarding Medrox ointment, there is no clear rationale for using this medication as opposed to supported alternatives. Regarding Cidaflex, the patient does not present with findings consistent with knee osteoarthritis. There is no clear indication for use of this medication. Regarding Cyclobenzaprine and Tizanidine, this patient has already been placed on NSAID therapy. There is no indication as to why a second-line medication is necessary, as there is no evidence of benefit beyond NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ODANSETRON ODT 8MG #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

**Decision rationale:** The California MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. There is no documentation in the records reviewed that the patient is utilizing Ondansetron for any of the above conditions. Therefore, the request for Ondansetron ODT 8 mg #60 was not medically necessary.

**MEDROX PAIN RELIEF OINTMENT 120GM #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 112-113.

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

**Decision rationale:** Regarding Medrox, a search of online resources identifies Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Guidelines do not support the use of Capsaicin in a 0.0375% topical formulation. A specific rationale identifying why Medrox ointment would be required in this patient despite guideline support was not provided. Therefore, the request for Medrox Pain Relief Ointment 120 gm #240 is not medically necessary.

**CIDAFLEX #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ARTHRITIS Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 50.

**Decision rationale:** The California MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In the reports reviewed, there is no documentation that the patient has a diagnosis of arthritis. It is unclear why this medication has been prescribed for this patient. Therefore, the request for Cidaflex #120 is not medically necessary.

**CYCLOBENZAPRINE HCL 7.5MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

**Decision rationale:** According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. According to the reports reviewed, it is documented that the patient has been utilizing Cyclobenzaprine since at least 5/24/12, if not earlier. Guidelines do not support the long-term use of Cyclobenzaprine. Therefore, the request for Cyclobenzaprine HCl 7.5 mg #120 is not medically necessary.

**TIZANIDINE HCL 4MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 Page(s): 63-66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no documentation of the patient utilizing Tizanidine in the reports reviewed. In addition, the patient is also taking Cyclobenzaprine. Guidelines do not support the use of multiple muscle relaxants. Therefore, the request for Tizanidine HCl 4 mg #120 is not medically necessary.