

Case Number:	CM14-0075678		
Date Assigned:	07/16/2014	Date of Injury:	12/31/2012
Decision Date:	10/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The patient is a 47 year old female who was injured on 12/31/2012. The mechanism of injury is unknown. The patient underwent a posterior decompression/fusion on 04/29/2014. Progress report dated 05/19/2014 states the patient presented for follow up of her surgery performed on 04/29/2014. She reported her pain is 6/10 and wants to wean off her pain medications. On exam, she has minimal lumbar tenderness. Range of motion of the lumbar spine was not tested. She has diagnoses including epidural abscess, lumbosacral spine sprain/strain; L5/S1 diskitis, instability. According to the UR, the patient was seen on 03/13/2014 with complaints of persistent low back pain. There is a request for Menthoderm ointment 120 ml, Norco 10/325 mg, Fexmid 7.5 mg, Ultram 150 mg, Zofran. The report dated 04/10/2014 is not available for review. Prior utilization review dated 05/14/2014 states the request for Retrospective: Refill Menthoderm Ointment 120mg, # 10/325, #90 for Date of Service 4/10/2014, Retro refill: Flexmid 7.5mg # 60 for Date of Service 4/10/2014, Quantity 60 and Retro refill: Ultram 150mg # 60 for Date of Service 4/10/2014, Quantity 60 are denied as there is a lack of documented evidence to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective : Refill Menthoderm Ointment 120mg, # 10/325, #90 for Date of Service 4/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoderm-cream.html>

Decision rationale: According to MTUS guidelines, topical NSAIDs are not recommended for the hips, shoulders, or spine. Menthoderm, which contains methyl salicylate, is being prescribed for chronic low back pain. Medical necessity is not established.

Retro refill: Flexmid 7.5mg # 60 for Date of Service 4/10/2014, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Cyclobenzaprine

Decision rationale: According to MTUS guidelines, Cyclobenzaprine is not indicated for long-term use as efficacy is not established. Additive beneficial effects when combined with other medications are not established. In this case Cyclobenzaprine is prescribed on a long-term basis along with several other pain medications for chronic low back pain. History and physical examination do not support an exception to this recommendation. Medical necessity is not established.

Retro refill: Ultram 150mg # 60 for Date of Service 4/10/2014, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Opioids

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term use for the treatment of chronic back pain is not clearly established. Efficacy of long-term use of Tramadol is not clearly established. In this case the patient is taking Tramadol on a long-term basis for chronic low back pain. History and physical examination do not demonstrate clinically significant functional improvement due to use of Tramadol. Medical necessity is not established.

Retro refill Zofran 8mg, # 10 for Date of Service 4/10/2014, Quantity 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web, Pain Section - Ondansetron and on the Non-MTUS website www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea)

Decision rationale: According to ODG guidelines, antiemetics are "not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These 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 (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients....Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." This is a request for Zofran, apparently to treat opioid-induced nausea, for a 47-year-female with chronic low back pain on long-term opioids. However, guidelines do not recommend antiemetics for this purpose. No specific rationale is provided to support the request. It is not clear whether or not the intended purpose was postoperative use. Medical necessity is not established.