MAXIMUS Federal Services

Case Number:	CM14-0152860		
Date Assigned:	09/23/2014	Date of Injury:	01/13/2012
Decision Date:	01/05/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 58 year-old male, who was injured on January 13, 2012, while performing regular work duties. The injuries sustained were to the neck, bilateral shoulders, arms, low back and lower extremities from cumulative trauma. The injured worker retired October 11, 2012. The primary treating physician indicates the injured worker complains of intermittent moderate neck pain, intermittent moderate bilateral shoulder pain, intermittent moderate low back pain with a walking tolerance of 1.5 miles, intermittent moderate left leg pain with use of a cane for support while walking, and intermittent bilateral knee pain. Additional diagnoses are skin cancer, and high blood pressure. The report also indicates range of motion for the neck, shoulders, and back is less than normal, ambulation is normal without limp with heel and toe tests within normal limits. The primary treating physician indicates the injured worker is "able to squat fully". Examination on July 30, 2012 mentions headaches and migraines associated with neck pain; however the records do not indicate this to be ongoing in nature. The Ondansetron is indicated in the records to be for "nausea as a side effect of Cyclobenzaprine and other analgesic agents". The records indicate the Cyclobenzaprine Hydrochloride is for muscle spasms found during the July 30, 2012, examination. It is not indicated in the records if the muscle spasms are ongoing. The records indicate the injured worker has been treated with medications, and surgeries. The request is for the following medications: Cyclobenzaprine Hydrochloride tablets 7.5 mg #120, Sumatriptan Succinate tablets 25 mg #9 times 2 quantity 18, Ondansetron ODT tablets 8 mg #30 times 2 quantity 60, and Medrox pain relief ointment 120 mg times 2 quantity 240. The primary diagnoses are cervicalgia, lumbar spinal stenosis, carpal tunnel syndrome, and lesion of ulnar nerve. On August 25, 2014, Utilization Review partially certified Cyclobenzaprine Hydrochloride tablets 7.5 mg #20; non-certified Sumatriptan Succinate 25 mg #9 times 2 quantity 18, Ondansetron ODT tablets 8 mg #30 times 2 quantity 60,

Medrox pain relief ointment 120 mg times 2 quantity 240. The Utilization Review cites the following rationale for determinations: Regarding the Cyclobenzaprine Hydrochloride guidelines do not recommend use for longer than 2-3 weeks. Regarding the Sumatriptan Succinate, there is no documentation of ongoing complaints of migraine headache. Regarding Ondansetron ODT, ODG-TWC Pain states that it is not recommended for nausea and vomiting secondary to chronic opioid use, however there is no documentation of ongoing complaints of nausea and vomiting. Regarding Medrox pain relief ointment, there is no documentation that the injured worker has been "intolerant or unresponsive to all other treatments including oral pain medications", and with lack of peer reviewed literature to support the efficacy and safety of its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8 mg #30x2 quantity 60 (DOS 9/20/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines does not recommend the routine use of antiemetic medications for the prevention and treatment nausea and vomiting associated with routine analgesic use for the treatment of chronic musculoskeletal pain. The nausea associated with pain medications used for the treatment of musculoskeletal pain is self- limiting. There is FDA and guidelines support for the short term use of Ondansetron in the treatment of nausea and vomiting during the peri-operative period and chemotherapy treatment. The records indicate that the patient was utilizing Ondansetron chronically for routine prevention of nausea. The criteria for the use of Ondansetron 8 mg #30 times 2 Quantity 60 DOS 9/20/2012 was not met.

Cyclobenzaprine Hydrochloride tables 7.5 mg #120 (DOS 920/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy treatment. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient

had utilized Cyclobenzaprine longer than the guidelines recommended maximum period of 3 to 4 weeks. The criteria for the use of Cyclobenzaprine 7.5 mg # 120 DOS 9/20/2012 was not met.

Sumatriptan Succinate tablets 25 mg #9 times 2 quantity 18 (DOS 9/20/12): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that analgesics can be utilized for the short term treatment of migraine headaches. The guidelines recommend that Triptans can be utilized for abortive treatment of acute migraine attacks that did not respond to standard analgesic treatment. The record dated 7/30/2012 indicates that the patient had ongoing subjective and objective findings with migraine and occipital neuralgia. The patient reported pain relief and positive response to treatment with sumatriptan without adverse effects. The medications are being prescribed at limited quantity for abortive treatment of acute attacks. The criteria for the use of Sumatriptan succinate 25 mg #9 times 2 #18 DOS 9/20/2012 was met.

Medrox Pain Relief Ointment 120 mg times 2 quantity 240 (DOS 9/20/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with NSAIDs, anticonvulsants and antidepressants medications. The records did not show that the patient had subjective and objective findings consistent with neuropathic pain. There is no documentation that the patient failed first line medications treatment. The Medrox ointment contains Capsaicin 0.0375%/methyl salicylate 20% /menthol 5%. There is lack of FDA or guideline support for the use of menthol and methyl salicylate in the treatment of chronic musculoskeletal pain. The guidelines recommend that topical medications be used and evaluated individually. The criteria for the use of Medrox ointment 120 gm times 2 Quantity 240 DOS 9/20/2012 was not met.