

<b>Case Number:</b>	CM14-0214768		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50-year-old man who sustained a work-related injury on August 8, 2006. Subsequently, he developed chronic neck and low back pain. Prior treatments include: medications (Norco, Lunesta, Ultram, Orudis, Ambien, Tizanidine, Gabapentin), physical therapy, epidural steroid injectin (on September 9, 2009 and November 23, 2009, with some relief), corticosteroid injection on December 11, 2009, April 19, 2010, and September 12, 2011, vitamin B complex injection on December 11, 2009 and September 12, 2011, and L4-S1 posterior lumbar interbody fusion on July 2, 2010. X-ray of the cervical spine dated March 31, 2012 was unremarkable, except for slight straightening of the normal lordotic curve. CT of the lumbar spine dated October 25, 2011 showed anterior and posterior fusions at L4-5 and L5-S1 levels. There was some material of soft tissue attenuation along the left posterolateral margin of the L5-S1 disc. This would represent post-operative granulation tissue or residual and recurrent disc. This material was in contact with the left S1 nerve root. The left S1 nerve root also appeared to be displaced posteriorly. EMG/NCS of bilateral lower extremities performed on October 25, 2011 was normal. According to the progress report dated September 12, 2011, the patient had persistent pain of the low back with hardware-related pain and residual left leg symptomatology. The patient had neck pain radiated to the upper extremities with numbness and tingling. physical examination of the cervical spine revealed tenderness at the paravertebral muscles and upper trapezial muscles with spasm. There was limited range of motion. The axial loading compression test and Spurlin's maneuvers were positive. There was pain with terminal

motion with limited range of motion. There was palpable hardware. The patient was diagnosed with lumbago, lumbosacral neuritis, arthrodesis stat, and neck pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron ODT 8mg #30 x 2 DOS 10/25/2010: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

**Decision rationale:** Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. The request is not medically necessary.

#### **Medrox pain relief ointment 120gm x 2 DOS 10/25/2010: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Medrox ointment is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Medrox patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain.