

Case Number:	CM14-0218206		
Date Assigned:	01/07/2015	Date of Injury:	08/08/2006
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 50 year old male reportedly sustained a work related injury on August 8, 2006 due to a motor vehicle accident (MVA). Diagnoses include status post lumbar fusion, status post removal of lumbar spinal hardware and cervical discopathy. Magnetic resonance imaging (MRI) on November 6, 2012 showed spinal fusion. Treatments include physical therapy, medications, epidural steroid injection in 2009, corticosteroid injection in 2009, 2010, and 2011 and two level lumbar reconstruction with full decompression and stabilization. Primary treating physician dated July 18, 2011 noted cervical spine tenderness, positive axial loading compression test and positive Spurling's maneuver with pain on cervical range of motion (ROM). There was pain in the lumbar spine and iliac crest. Physical findings are consistent with previous findings. Primary treating physician re-evaluation dated May 24, 2013 provides continued constant severe pain in low back and left leg and cervical pain. Physical exam revealed tenderness. At that time he could work full duty. On December 4, 2014 utilization review denied a request dated November 25, 2014 for retroactive 9/12/2011 Omeprazole delayed release capsules 20mg #120, retroactive 9/12/2011 Ondansetron ODT 8mg #30 and retroactive 9/12/2011 Medrox pain relief ointment 120gm x 2. Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole Delayed Release Capsules 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors, NSAID and GI effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Omeprazole delayed-release capsule 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer, G.I. bleeding; concurrent use of aspirin corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post L4 to S1 posterior lumbar interbody fusion (PLIF) on 7/2/10; and cervical discopathy. Subjectively, the injured worker has persistent low back pain and hardware related pain with residual left leg symptoms; neck pain that radiates to the upper extremities with numbness and tingling. Objectively, cervical spine is tender to palpation at the cervical paraspinal muscles. The lumbar paraspinal muscles are tender. There are no gastrointestinal or co-morbid problems placing the injured worker at risk any gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use. Consequently, absent clinical documentation with risk factors for a gastrointestinal event, retrospective Omeprazole delayed release capsules 20 mg #120 is not medically necessary.

Retro Ondansetron ODT 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Antiemetics, Zofran

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Zofran ODT 8 mg #30 is not medically necessary. Zofran is approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. Antiemetics are not recommended for nausea and vomiting secondary to chronic opiate use. In this case, the injured worker's working diagnoses are status post L4 to S1 posterior lumbar interbody fusion (PLIF) on 7/2/10; and cervical discopathy. Subjectively, the injured worker has persistent low back pain and hardware related pain with residual left leg symptoms; neck pain that radiates to the upper extremities with numbness and tingling. Objectively, cervical spine is tender to palpation at the cervical paraspinal muscles. The lumbar paraspinal muscles are tender. Zofran is approved for nausea and vomiting secondary chemotherapy and radiation treatment, postoperative use and gastroenteritis. They are not recommended for nausea

vomiting secondary to chronic opiate abuse. The documentation does not contain any clinical indications for Zofran ODT. Consequently, absent clinical documentation to support the clinical use of Zofran ODT, retrospective Zofran ODT 8 mg #30 is not medically necessary.

Retro Medrox pain relief ointment 120gm x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox pain relief ointment 120 g with two refills is not medically necessary. Medrox contains methyl salicylate, menthol, and Capsaicin 0.0375%. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation. There have been no studies of the 0.0375% formulation and no current indication an increase over 0.025% would provide any further efficacy. In this case, the injured worker's working diagnoses are status post L4 to S1 posterior lumbar interbody fusion (PLIF) on 7/2/10; and cervical discopathy. Subjectively, the injured worker has persistent low back pain and hardware related pain with residual left leg symptoms; neck pain that radiates to the upper extremities with numbness and tingling. Objectively, cervical spine is tender to palpation at the cervical paraspinal muscles. The lumbar paraspinal muscles are tender. The guidelines do not recommend Capsaicin 0.0375%. Any compounded product that contains at least one drug (capsaicin 0.0375%) that is not recommended is not recommended. Medrox ointment is therefore not recommended. Consequently, absent guideline recommendations for a topical analgesic containing Capsaicin 0.0375%, Medrox pain relief ointment 120 g with two refills is not medically necessary.