

Case Number:	CM14-0218223		
Date Assigned:	01/07/2015	Date of Injury:	08/08/2006
Decision Date:	03/05/2015	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: Texas, California
 Certification(s)/Specialty: Family Practice

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 50 year old male who sustained a work related injury on 8/8/06. The diagnoses include cervical discopathy, status post L4-S1 posterior lumbar interbody fusion on 7/2/10 with removal of lumbar hardware. By the PR-2 dated 7/18/11, re-evaluation noted hardware pain with renewal of the above medications and to be taken 'as needed'. X-ray's taken noted excellent alignment of hardware by 10/24/11. Per the note dated 10/24/2011 he had complaints of lumbar and cervical spine symptomology. The physical examination revealed cervical spine- tenderness, limited range of motion, and dyesthesia at the C5 and C6 dermatomes; lumbar spine- tenderness over the palpable hardware with some extension of the symptomology in the left sciatic notch. The medications list includes naproxen, cidaflex, hydrocodone, ondansetron, omeprazole and medrox pain relief ointment. The primary treating physicians progress report (PR-2) of 3/28/12 reported removal of lumbar hardware with improvement in symptoms. The physical exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscle, spasms and restricted cervical motion, dyesthesia at the C5-6 dermatome, and swelling in the lumbar spine. Work status was temporarily totally disabled. Medications dispensed was to include: Cidaflex tablets, a joint supplement for joint pain, Ondansetron ODT as needed for nausea, and Medrox pain relief ointment to be applied topically for temporary symptomatic relief of minor aches and muscle pain. He has had lumbar MRI on 1/11/2010 and electodiagnostic study on 10/25/2011. He has had physical therapy visits and lumbar epidural steroid injections for this injury. According to the Utilization review performed on 12/9/14 was modified. The request for Ondansetron 8mg. #30 was requested and certified and given for post operative nausea. The

request for Medrox pain relief ointment 120 gm. was requested and non -certified due to lack of documentation of failed oral analgesic and other treatments. The request for Cidaflex tablets #120 was requested and non certified due to lack of documentation for treatment of arthritis symptoms. Guidelines used to determine the process included Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex tablets #120 (DOS: 10/24/11): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): Page 50.

Decision rationale: Request: Q--Cidaflex tablets #120 (DOS: 10/24/11) Cidaflex tablets contain glucosamine and chondroitin. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Any evidence of knee arthritis is not specified in the records provided. Recent X-rays of the knee joint demonstrating osteoarthritis are not specified in the records provided. The medical necessity of Cidaflex tablets #120 (DOS: 10/24/11) was not fully established for this patient at that juncture.

Ondansetron ODT 8mg #30 x2 (DOS: 10/24/11): 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), antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Chapter: Pain (updated 02/23/15) Ondansetron (Zofran®) Antiemetics (for opioid nausea).

Decision rationale: Request: Ondansetron ODT 8mg #30 x2 (DOS: 10/24/11) Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG was used. According to the ODG guidelines, "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." Any evidence of chemotherapy and radiation treatment was not specified in the records provided. Evidence of recent surgery (at the time of prescription on 10/24/2011) is not specified in the records provided. A detailed gastrointestinal examination was not specified in the records provided. Evidence of ongoing nausea or vomiting was not specified in the records provided. The medical necessity of Ondansetron ODT 8mg #30 x2 (DOS: 10/24/11) was not established for this patient.

Medrox pain relief ointment 120gm x2 (DOS: 10/24/11): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): pages 111-113.

Decision rationale: Request: Medrox pain relief ointment 120gm x2 (DOS: 10/24/11) Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments "The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medrox pain relief ointment 120gm x2 (DOS: 10/24/11) was not fully established for this patient at that juncture.