

<b>Case Number:</b>	CM14-0219065		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, 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 50 year old male sustained work related industrial injuries on August 8, 2006. The injured worker was diagnosed and treated for lumbago, lumbrosacral neuritis, arthrodesis stat and neck pain. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated July 2, 2012, the injured worker complained of some residual pain and discomfort with residual headaches. Documentation noted that the symptomatology in the patient's cervical spine revealed no significant changes. The injured worker's neck pain radiated to the upper extremities with numbness and tingling. Physical exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Painful and restricted cervical range of motion were noted on exam. Axial loading compression test and Spurling's maneuvers were positive. Documentation also noted dysesthesia at the C5 and C6 dermatomes. Lumbar spine exam revealed tenderness at the lumbar paravertebral muscles and pain with terminal motion. Diagnoses included status post L4 to S1 posterior lumbar interbody fusion on July 2, 2010, status post removal of lumbar spinal hardware and cervical discopathy. Documentation noted that the pharmacological agents were dispensed to injured worker to provide temporary symptomatic relief and allow the injured worker to continue to function on a daily basis and perform activities of daily living. The treating physician prescribed services for Ondansetron 8 mg, #30, provided on July 12, 2012, Medrox pain relief ointment, 120 grams, provided on July 12, 2012, Cyclobenzaprine Hydrochloride 7.5 mg, #120, provided on July 12, 2012, Sumatriptan succinate 25 mg, #9, now under review. On December 5, 2014, the Utilization Review (UR) evaluated the

prescriptions for Ondansetron 8 mg, #30, provided on July 12, 2012, Medrox pain relief ointment, 120 grams, provided on July 12, 2012, Cyclobenzaprine Hydrochloride 7.5 mg, #120, provided on July 12, 2012, Sumatriptan succinate 25 mg, #9, requested on November 25, 2014. Upon review of the clinical information, UR non-certified the request for Medrox pain relief ointment, 120 grams, provided on July 12, 2012, and Cyclobenzaprine Hydrochloride 7.5 mg, #120, provided on July 12, 2012, citing the recommendations of the MTUS guidelines. UR non-certified the request for Ondansetron 8 mg, #30, provided on July 12, 2012 and Sumatriptan succinate 25 mg, #9, provided on July 12, 2012, citing the recommendations of the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

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

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

#### **Ondansetron 8 mg, thirty count, provided on July 12, 2012: 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), Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain and anti-emetics

**Decision rationale:** According to the ODG guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary.

#### **Medrox pain relief ointment, 120 grams, provided on July 12, 2012: 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): 111-112.

**Decision rationale:** Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. The claimant had already been using various oral analgesics. Therefore Medrox is not medically necessary.

#### **Cyclobenzaprine Hydrochloride 7.5 mg, 120 count, provided on July 12, 2012: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the claimant had been intermittently on other muscle relaxants including Robaxin and Tizanidine since 2009. The claimant had been prescribed Flexeril for a prolonged period without improvement in pain or function. Continued use is not medically necessary.

**Sumatriptan succinate 25 mg, nine count, provided on July 12, 2012:** 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), Head Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head/Triptans

**Decision rationale:** According to the guidelines, Triptans such as Sumatriptan are recommended for migraine sufferers. In this case, there is no indication of migraines. The claimant's headaches are more due to trapezial spasms and neck pain. The use of Sumatriptan is not medically necessary.