

<b>Case Number:</b>	CM14-0092270		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. 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:

The injured worker is a 62-year-old male, who sustained an industrial injury on 2/24/10. The injured worker was diagnosed as having cervical discopathy, lumbar discopathy, internal derangement of right knee with tear of posterior horn of lateral meniscus, internal derangement of left knee with partial tear of anterior cruciate ligament and tears of posterior horn of medial and lateral meniscus and bilateral plantar fasciitis. Treatment to date has included oral medications, activity modification and physical therapy. Currently, the injured worker complains of persistent low back pain and persistent neck pain. Cervical spine exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm and restricted range of motion, lumbar spine tenderness at the paravertebral muscles on the right with dysesthesia at right L5 dermatome, tenderness of anterior joint line space of bilateral knees and tenderness in and around the heels with tight heel cord of bilateral feet on 3/23/11. A treatment plan was submitted for retro prescriptions of Medrox, Omeprazole and Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PAIN RELIEF OINTMENT #240G (DOS: 10/06/10): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox pain relief ointment #240 g date of service October 6, 2010 is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and 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. Medrox contains Capsaicin 0.0375%, menthol, and methyl salicylate. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are cervical discopathy; lumbar discopathy; internal derangement right knee with tear posterior or lateral meniscus; internal derangement left knee with partial tear anterior cruciate ligament and tears of the medial and lateral meniscus; and bilateral plantar fasciitis. Subjectively, according to a July 15, 2010 progress note, the worker's complaints are located at the cervical spine, chronic headaches, tension between the shoulder blades and upper extremity radicular type pattern page. Symptoms referable to the lumbar spine, knees and feet have not changed significantly. Objectively, there is tenderness over the paravertebral cervical spine muscle groups. The lumbar spine examination is essentially unchanged. There is no significant neurologic deficit present examination of the bilateral knees is essentially unchanged. Capsaicin 0.0375% is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Medrox pain relief ointment is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Medrox pain relief ointment #240 g date of service October 6, 2010 is not medically necessary.

**ONDANSETRON ODT TABLETS 8 MG # 60(DOS: 10/06/10): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANTIEMETICS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiemetics (Zofran).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #60 date of service October 6, 2010 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and

gastroenteritis. In this case, the injured worker's working diagnoses are cervical discopathy; lumbar discopathy; internal derangement right knee with tear posterior or lateral meniscus; internal derangement left knee with partial tear anterior cruciate ligament and tears of the medial and lateral meniscus; and bilateral plantar fasciitis. Subjectively, according to a July 15, 2010 progress note, the worker's complaints are located at the cervical spine, chronic headaches, tension between the shoulder blades and upper extremity radicular type pattern page. Symptoms referable to the lumbar spine, knees and feet have not changed significantly. Objectively, there is tenderness over the paravertebral cervical spine muscle groups. The lumbar spine examination is essentially unchanged. There is no significant neurologic deficit present examination of the bilateral knees is essentially unchanged. Zofran was prescribed for nausea (according to the treatment plan). Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. There is no documentation of chemotherapy, radiation therapy, postoperative use or gastroenteritis in the record. Zofran is not indicated for opiate induced nausea and vomiting. Consequently, absent compelling clinical documentation with guideline non-recommendations for Zofran and opiate induced nausea and vomiting, Ondansetron (Zofran) 8 mg #60 date of service October 6, 2010 is not medically necessary.