

Case Number:	CM15-0000508		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2010
Decision Date:	06/01/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial injury on 09/16/2010. Diagnoses include cervicgia, lumbago, status post C4-C7 hybrid reconstruction with retained symptomatic hardware, and lumbar discopathy. Treatment to date has included left carpal tunnel release in 2004, and a rerelease and neurolyses of the median nerve in 2005, right shoulder arthroscopy, arthroscopy revision in 2007, medications, cervical collar, physical therapy, IM injections, cortisol injections, epidural injections, and facet blocks. A physician progress note dated 02/04/2013 documents the injured worker has some residual symptomatology in the cervical spine with signs and symptoms consistent with retained symptomatic hardware. She also has some chronic dysphagia. She complains of headaches that are migrainous in nature associated with periods of increased pain in the cervical spine. Her cervical spine is tender at the cervical paravertebral muscles with spasm. There is pain with terminal motion. Her lumbar spine has tenderness at the lumbar paravertebral muscle. There is paravertebral muscle spasm, and pain with terminal motion. Seated nerve root test is positive. Treatment requested is for Medrox Pain Relief Ointment 120gm times 2 quantity 240, (DOS 2/13/12), Omeprazole Delayed-Release capsule 20mg #120 (DOS 2/13/12), and Ondansetron ODT tablets 8mg #30 times 2 quantity 60, (DOS 2/13/12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg #30 times 2 quantity 60, (DOS 2/13/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG) Ondansetron (Zofran®) 2. Epocrates Online.

Decision rationale: The injured worker sustained a work related injury on 09/16/2010. The medical records provided indicate the diagnosis of cervicalgia, lumbago, status post C4-C7 hybrid reconstruction with retained symptomatic hardware, and lumbar discopathy. Treatment to date has included left carpal tunnel release in 2004, and a rerelease and neurolyses of the median nerve in 2005, right shoulder arthroscopy, arthroscopy revision in 2007, medications, cervical collar, physical therapy, IM injections, cortisol injections, epidural injections, and facet blocks. The medical records provided for review do not indicate a medical necessity for Ondansetron ODT tablets 8mg #30 times 2 quantity 60, DOS 2/13/12. The MTUS is silent on Zofran (Ondansetron); the Official Disability Guidelines recommends against using it for nausea related to opioid use. Epocrates recommends Zofran (Ondansetron) for nausea/vomiting prevention in individuals on chemotherapy; or for postoperative prevention of nausea and vomiting. It is also recommended for prevention of nausea and vomiting related to radiotherapy. The medical records indicate it was used for nausea associated with migrainous headaches and cervical pain. Also, for nausea related to use of cyclobenzaprine and analgesic medications. The request is not medically necessary.

Omeprazole Delayed-Release capsule 20mg #120 (DOS 2/13/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADs, GI symptoms and cardiovascular risk, PPI (Proton Pump Inhibitor) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 09/16/2010. The medical records provided indicate the diagnosis of cervicalgia, lumbago, status post C4-C7 hybrid reconstruction with retained symptomatic hardware, and lumbar discopathy. Treatment to date has included left carpal tunnel release in 2004, and a rerelease and neurolyses of the median nerve in 2005, right shoulder arthroscopy, arthroscopy revision in 2007, medications, cervical collar, physical therapy, IM injections, cortisol injections, epidural injections, and facet blocks. The medical records provided for review do not indicate a medical necessity for Omeprazole Delayed-Release capsule 20mg #120 (DOS 2/13/12). Omeprazole is a proton pump inhibitor recommended by the MTUS to be used by individuals at risk of gastrointestinal events who are being treated with NSAIDs. The risk factors of gastrointestinal events include: (1) age greater than 65 years; (2) history of peptic ulcer, Gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker belonged to any of those groups as at 2/13/12). The request is not medically necessary.

Medrox Pain Relief Ointment 120gm times 2 quantity 240, (DOS 2/13/12): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/16/2010. The medical records provided indicate the diagnosis of cervicalgia, lumbago, status post C4-C7 hybrid reconstruction with retained symptomatic hardware, and lumbar discopathy. Treatment to date has included left carpal tunnel release in 2004, and a rerelease and neurolyses of the median nerve in 2005, right shoulder arthroscopy, arthroscopy revision in 2007, medications, cervical collar, physical therapy, IM injections, cortisol injections, epidural injections, and facet blocks. The medical records provided for review do not indicate a medical necessity for Medrox Pain Relief Ointment 120gm times 2 quantity 240, (DOS 2/13/12). Medrox Pain Relief Ointment is a topical analgesic containing capsaicin, menthol, and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not a recommended topical analgesic. The request is not medically necessary.