

Case Number:	CM15-0001580		
Date Assigned:	01/12/2015	Date of Injury:	08/08/2006
Decision Date:	04/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 50 year old male with a work injury dated 8/8/06. The diagnoses include status post L4-S1 posterior interbody lumbar fusion (PLIF) 7/2/10 and cervical discopathy. Under consideration are requests for Medrox ointment and Odansetron (DOS 7/18/11). The 7/18/11 progress note states that the patient had continued symptomatology in the lumbar spine. He was diagnosed with retained symptomatic lumbar spine hardware. The symptomatology in the cervical spine has not changed. On exam the cervical spine exam is unchanged. There is tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. There is positive axial loading compression and positive Spurling's maneuver. There is painful restricted cervical range of motion. The lumbar spine reveals pain across the iliac crest into lumbosacral spine. There is reproducible symptomatology in the lumbar region across the top of the hardware. There was a request for a hardware block. The patient was dispensed Tizanidine; Naproxen; Odansetron; Omeprazole; Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 (DOS 07/18/2011): 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 Official Disability Guidelines (ODG) Pain (chronic), | Ondansetron (Zofran¹/₂);.

Decision rationale: Ondansetron ODT 8mg #30 (DOS 07/18/2011) is not medically necessary per the ODG Guidelines. The MTUS does not specifically address Ondansetron (Zofran). The ODG does not recommend Ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. There is no documentation that this Ondansetron is being used for acute gastroenteritis, or secondary to chemo or radiation. There is no discussion regarding the patient having nausea or vomiting. For these reasons Ondansetron is not medically necessary.

Medrox pain relief ointment (DOS 07/18/2011): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical & Salicylate topical & Topical Analgesics Page(s): 18 & 105 & 111-113.

Decision rationale: Medrox pain relief ointment (DOS 07/18/2011) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Medrox ointment consists of Methyl Salicylate 5%; Menthol 5%; Capsaicin 0.0375%. Per MTUS guidelines there are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations Furthermore Capsaicin is recommended only in patients who are intolerant to other treatments. Per guidelines salicylate topicals including methyl salicylate and menthol are recommended however the lotion formulation of both of these formulations in combination with Capsaicin are not specifically mentioned in the MTUS. The MTUS also states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin in this case is not recommended therefore the entire product Medrox ointment is not medically necessary or appropriate.