

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/1/2013
Date of Injury: 5/13/2011
IMR Application Received: 8/26/2013
MAXIMUS Case Number: CM13-0016121

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ondansetron ODT tablets 8mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole delayed-release capsules 20mg, #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch, #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2103. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ondansetron ODT tablets 8mg #60 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Omeprazole delayed-release capsules 20mg, #120 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Medrox patch, #30 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 56 yr old male who sustained a work injury on 5/13/11 while working for [REDACTED]. He developed low back pain, failed conservative therapy and underwent spinal surgery on 7/6/12. Due to persistent pain and slow recovery, the claimant had a L4-S1 lumbar fusion on 7-4-13 and removal of lumbar spinal hardware. His other medical history includes diabetes and hypertension. Prior to removal of the hardware and spine surgery, the claimant was taking Naproxen for pain, omeprazole for prevention of GI complications, Medrox patches for muscle pains /aches and Odansetron for nausea due to Cyclobenzaprine use. Cyclobenzaprine (1st use noted in 5/30/13) was used for muscle relaxation at the time. There was a prior note from 7/20/12 stating that NSAID use caused gastric reflux and omeprazole was used for its management.

A progress note on 7/4/13 by his primary physician stated that there was no nausea or vomiting symptoms. He has continued lumbar spine pain with range of motion. Medications on 7/16/13 included Naproxen, Omeprazole, Odansetron, Flexeril, Tramadol and Medrox. There is no documentation of pain response to specific medications nor location of application or response to Medrox cream.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ondansetron ODT tablets 8mg #60:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 41 of 127, which are part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), Ondansetron, which is not part of the MTUS.

Rationale for the Decision:

Per the ODG Guidelines, Ondansetron is not indicated for opioid use. The physician stated the employee was taking it for nausea due to Flexeril use. Flexeril was used since at least May 2013. Per the MTUS guidelines, Flexeril is recommended for short course therapy and provides the most response in the first four days of use. Since Flexeril was used for months, it is not medically necessary. Since Ondansetron was used to control nausea due to Flexeril (Cyclobenzaprine) use, then Ondansetron would not be considered medically necessary as well. **The request for Ondansetron ODT tablets 8mg, QTY: 60 is not medically necessary and appropriate.**

2) Regarding the request for Omeprazole delayed-release capsules 20mg, #120:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, pages 67-68, which are part of the MTUS.

Rationale for the Decision:

Omeprazole use is indicated when the patient is at high risk for a GI event. Such patients include: age >65, high dose NSAID use, or those on anticoagulant therapy. According to the MTUS guidelines, it is not used for reflux or prevention of GI events in low risk patients. The employee's profile was not high risk. In addition, the employee was on other medications that may have been used to

titrate pain rather than combining it with NSAIDs and muscle relaxants. **The request for Omeprazole delayed-release capsules 20mg, #120 is not medically necessary and appropriate.**

3) Regarding the request for Medrox patch, #30:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines (ODG), which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 112, which is part of the MTUS.

Rationale for the Decision:

Medrox contains: methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. According to the MTUS guidelines, capsaicin is recommended in doses under 0.025%. 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 request for Medrox patch, #30 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.