

Case Number:	CM14-0137134		
Date Assigned:	09/12/2014	Date of Injury:	02/01/2009
Decision Date:	12/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male with date of injury of 02/01/2009. The treating physician's listed diagnoses from 07/23/2012 are: 1. Cervical/lumbar discopathy. 2. Carpal tunnel/double crush syndrome. 3. Electrodiagnostic evidence of severe bilateral carpal tunnel syndrome. According to this report, the patient continues to complain of cervical spine pain with extension into the upper extremities. The patient also has chronic low back pain. The examination shows tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted range of motion in the cervical spine. Dysesthesia at C5 to C7 dermatomes are noted. Positive palmar compression tests subsequent to Phalen's maneuver. There is some overlapping dermatomal type symptomatology consistent with cervical radiculitis. There is tenderness in the distal lumbar segments. Pain with terminal motion. There is dysesthesia at the L5 and S1 dermatomes. The records include 1 report from 07/23/2014. The utilization review denied the request on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 07/23/12 Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with cervical and lumbar spine pain. The treater is requesting Cyclobenzaprine Hydrochloride 7.5mg #120. The MTUS Guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show a history of cyclobenzaprine use. While a trial is reasonable, the requested quantity exceeds MTUS recommended 2- to 3-week treatment duration. The treatment is not medically necessary and appropriate.

(Retro) DOS 07/23/12 Ondansetron ODT Tablets 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter on Ondansetron

Decision rationale: This patient presents with cervical and lumbar spine pain. The treater is requesting Ondansetron Odt Tablets 8mg #60: The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines under the pain chapter on ondansetron (Zofran) does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records do not show a history of ondansetron use; however, ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. The treatment is not medically necessary and appropriate.

(Retro) DOS 07/23/14 Medrox Pain Relief Ointment 120mg 2 refills: 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.

Decision rationale: Retro Dos 07/23/2012 Medrox Pain Relief Ointment 120 Mg 2 Refills: This patient presents with cervical and lumbar spine pain. The treater is requesting Medrox Ointment 120 Mg 2 Refills. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." Medrox is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and methyl salicylate. MTUS states that for capsaicin, "there have been no studies of 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy." The records do not show a history of Medrox use. Given that capsaicin is not recommended above the 0.025% concentration, the request is not medically necessary. The treatment is not medically necessary and appropriate.