

<b>Case Number:</b>	CM13-0024318		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	09/25/2002
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	06/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 63 year old female with date of injury 9/25/12. The treating physician report dated 6/13/13 indicates that the patient has pain affecting the cervical spine, right shoulder with paresthesia of the right hand and associated headaches. The current diagnoses are, Cervical IVD, and Cervical radiculitis. The utilization review report dated 6/27/13 denied the request for transportation to all medical appointments based on the MediCal policy. The request for a TENS unit and supplies was modified to supplies only as the TENS unit was previously authorized. The request for Zofran was denied based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION FOR ALL WORKERS COMP APPOINTMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Non-MTUS Citation:  
[www.dhcs.ca.gov/services/medi-cal](http://www.dhcs.ca.gov/services/medi-cal).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TRANSPORTATION (TO & FROM APPOINTMENTS), Aetna Guidelines.

**Decision rationale:** The patient presents with chronic neck pain with radiculopathy. The treating physician notes that the patient's arm goes numb after 5 minutes of driving and a request is made for authorization for transportation for all workers' comp appointments. The MTUS guidelines do not address this request. The Official Disability Guidelines (ODG) recommends transportation to and from appointments, but only for knee injuries not for cervical injuries. The Aetna guidelines state: "Regular commuting costs for an individual with a physical disability are not medical expenses." In researching this subject further I found that Medicare part B states: " Medicare Part B sometimes covers nonemergency ambulance transportation between home and a hospital or other place of treatment or diagnosis if the patient's doctor certifies in writing that transportation in something other than an ambulance would endanger the patient's health." The medical documentation regarding this request is very limited. There are no neurologic findings noted in the 6/13/13 treating physician examination other than upper extremity sensation to light touch is diminished. Muscle strength is normal, reflexes are normal and sensation is intact through all dermatomes. There is no information that indicates the patient is unable to drive or take public transportation to her appointments. There is no documentation to indicate the patient's health is endangered with self transportation. The request for transportation for all workers compensation appointments is not medically necessary and appropriate.

**TENS UNIT AND SUPPLIES:** Upheld

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

Citation:[http://www.medicarenhic.com/dme/medical\\_review/mr\\_Icd\\_current/L11506\\_2009-2012-01\\_PA\\_2009-12.pdf](http://www.medicarenhic.com/dme/medical_review/mr_Icd_current/L11506_2009-2012-01_PA_2009-12.pdf).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The MTUS guidelines states: "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The limited information provided by the treating physician does not document if the patient has already had a one month trial or not. The current request does not indicate if this request is for a 1 month trial or purchase of the TENS unit. The request for a TENS unit and supplies is not medically necessary and appropriate.

**ZOLFRAN 8MG ORALLY 1 TAB ONCE A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on on the Non-MTUS Citation: <http://www.drugs.com/pro/zolfran.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ZOFTRAN (ONDANSETRON).

**Decision rationale:** The MTUS guidelines do not address this medication. The Official Disability Guidelines (ODG) guidelines state that Zolfran is not recommended for nausea and vomiting secondary to chronic opioid use. Based on the medical records provided for review The patient presents with chronic neck pain with radiculopathy. The treating physician has prescribed Zofran tablet, 8mg, orally, 1, 1 tab(s), once, 1 day(s). There is no rationale for this prescription and there is no documentation to the patient's previous response to this medication as it has been

prescribed in the previous reports reviewed dated 2/20/14, 4/3/13, 5/16/13 and 6/13/13. The request for Zolfran 8 mg orally 1 tab once a day is not medically necessary and appropriate.

