

Case Number:	CM13-0032647		
Date Assigned:	12/13/2013	Date of Injury:	02/25/1991
Decision Date:	02/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Family Practice and is licensed to practice in Texas. 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 physician 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 54-year-old male who reported an injury on 02/25/1991. The mechanism of injury was not provided in the medical records. The patient's diagnoses include cervicalgia, lumbar degenerative disc disease, chronic pain, lumbar radiculopathy, and sacroiliac sprain/strain. The patient's symptoms include low back pain with radiation to the left calf and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, Voltaren 1% gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, or wrist. The guidelines specify that it has not been evaluated for the treatment of the spine, hip, or shoulder. As the patient's diagnoses include disorders related

to the cervical and lumbar spine, and his symptoms are low back and neck pain, the use of topical Voltaren gel is not supported by the guidelines. Therefore, the request is non-certified.

Zofran 4 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea)

Decision rationale: According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Specifically, Zofran is FDA approved to treat nausea and vomiting secondary to chemotherapy, radiation, and for postoperative use only. The patient's medication list does include Lortab and tramadol which are opioid medications. He was also noted to use his Lortab sparingly secondary to GI issues. As the patient does not have diagnoses consistent with chemotherapy or radiation use and is not noted to be currently postoperative, the use of Zofran is not supported. As such, the request is non-certified.