

Case Number:	CM13-0059356		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2010
Decision Date:	05/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 54 year old female who was injured on 07/02/2010. Mechanism of injury is unknown. Prior treatment history has included microlumbar decompressive surgery on the left at L3-L4 and L5-S1 on 06/27/2013. Status post lumbar fusion at L4-L5. She underwent postoperative physical therapy. PR-2 dated 10/28/2013 documented that therapy helps the patient feel better. [REDACTED] thinks the patient is depressed and suffering from anxiety and stress. He has made a request for a psychological consult. Medications (Unchanged since 03/11/2013): Celebrex 200 mg, Norco 5/325 mg, Lidoderm %5 patch, Nucynta ER 250 mg, Zofran 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidoderm patches, 12 hours on, 12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) Page(s): 56.

Decision rationale: The most recent medical report provided in the records is a progress report dated 12/9/2013, which does not include subjective and objective examination findings. The guidelines state topical Lidocaine may be recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The medical records do not reveal any current subjective and objective findings of a localized peripheral pain the medical records do not establish all first-line therapy has been tried for this patient. The medical necessity of Lidoderm patch is not established.

510 Norco 5/325mg, 1 every 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The most recent medical report provided in the records is a progress report dated 10/28/2013, which does not include subjective and objective examination findings. According to the 11/11/13 PT progress report, the patient reported benefit with PT. Chronic Pain Medical Treatment Guidelines states Hydrocodone/Acetaminophen (Anexsia®®, Co-Gesic®®, Hycet®; Lorcet®®, Lortab®®; Margesic-H®®, Maxidone®; Norco®®, Stagesic®®, Vicodin®®, Xodol®®, Zydone®®; generics available) is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not indicate this medication is appropriate for this patient. The medical records do not demonstrate the patient has had sustained improved pain level and increased function with chronic opioid use. There is no mention regular re-assessment of non-opioid means of pain control. Given the absence of subjective pain level and objective findings, necessity of ongoing opioid use is not established. The medical necessity of Norco is not established; therefore the request is not medically necessary and appropriate.

30 Zofran oral disintegrating tablets 8mg, 1 every 6 hours: Upheld

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

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 ODG, Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-

approved indications. Nausea and vomiting is common with use of opioids. Ondansetron (Zofran®) is a serotonin 5-HT₃ receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. According to the medical records, the patient had been prescribed Ondansetron (Zofran). The patient had been taking opioid, Tramadol. However, this medication is not recommended for nausea and vomiting secondary to chronic opioid use. This medication has limited application for short-term use. According to the guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, post-operative use, and in acute use for gastroenteritis. The records reflect the patient was more than 4 months post lumbar surgery. In addition, the records do not document any history of diagnosed gastroenteritis. The medication prescription is not consistent with FDA approved use. The medical records do not establish this medication was appropriate and medically necessary for the treatment of this patient. In accordance with the guidelines, the request for Zofran is not medically necessary and appropriate.