

<b>Case Number:</b>	CM13-0061461		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Illinois. 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 injured worker is a 49-year-old female who reported an injury on 04/30/2010. The mechanism of injury occurred as the injured worker was running downhill, chasing a suspect. This resulted in immediate pain radiating from her heels up through her calves and hamstrings, to her buttocks/hips, low back, and mid back bilaterally. An MRI was obtained 6 weeks post injury and confirmed a complete avulsion of the hamstring from the ischial tuberosity on the left, and a partial avulsion on the right. The injured worker underwent surgical reattachment of the left hamstring on 01/03/2011. In May of the same year, the injured worker received a right hip arthroscopy to repair a torn labrum. The injured worker also received a left total knee replacement on 05/01/2012 and has received multiple surgical interventions for non-industrial illnesses as well. Other treatments that have been provided to the injured worker include radiofrequency ablations, medial branch blocks, and epidural steroid injections. The injured worker was diagnosed with chronic pain syndrome associated with multiple injuries and exacerbated by a mild major depressive disorder. The injured worker also received an EMG/NCV of the bilateral lower extremities, on 07/15/2013. This study showed no abnormalities. There was no other pertinent information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 8MG #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drugs.com/Zofran.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address the need for antiemetic; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines state that a common side effect of Cymbalta is nausea, and it occurs in approximately 5 to 30% of individuals. The side effects may lessen over the duration of treatment, and generally last less than 4 weeks. In addition, Ondansetron is FDA approved to treat postoperative nausea and vomiting, as well as that related to chemotherapy and radiation treatment. The FDA also approves this medication to treat gastroenteritis and therefore, may be appropriate for the short-term treatment of the nausea associated with new medication initiation. However, the current request does not state whether this is retrospective request, which would indicate concurrent initial therapy of Cymbalta, and would therefore be appropriate. However, if it is not related to the initiation of Cymbalta therapy, it would not be appropriate without documentation of accompanying nausea. Without this information, Ondansetron 8 mg #20 is not medically necessary and appropriate.

**SOMA 250MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 65.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend non-sedating muscle relaxants as a second line treatment for exacerbations of chronic pain. Soma in particular, is an antispasmodic used to decrease muscle spasm; however, it is not recommended for use for greater than 3 weeks. The clinical information submitted for review provided evidence that the injured worker has been utilizing Soma for an extended period of time. Unfortunately, none of the clinical records submitted for review discuss the effect the medication has had on the injured worker's spasms; each note records a pain level of approximately 6/10 to 9/10 with lack of documentation of the presence of muscle spasms. Additionally, there is no indication as to how often the injured worker utilizes the Soma, or how it directly affects the injured worker's functional abilities. Without this information, medication efficacy and guideline compliance cannot be determined. As such, the request for Soma 250 mg #90 is not medically necessary and appropriate.

**ALPRAZOLAM 0.25MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend anxiolytics as a second line therapy for brief periods, or for an extended period of time if managed by a clinician specializing in psychiatry. The clinical information submitted for review provided evidence that the injured worker has been utilizing Xanax for an extended period of time with no evidence that she was referred for psychiatric counseling. Additionally, there was no discussion within the medical records, regarding the affect the medication has on the injured worker's symptoms of anxiety. Without this information, medication efficacy cannot be determined. As such, the request for Alprazolam 0.25 mg #90 is not medically necessary and appropriate.

**FLECTOR 0.3% TRANSDERMAL PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Flector Patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primary neuropathic and osteoarthritic pain. Flector 0.3% Transdermal patch is a topical formulation of Diclofenac. Currently, the only FDA approved NSAID for topical use, is Diclofenac 1%. Additionally, this medication is only indicated to relieve osteoarthritic pain in the ankle, elbow, foot, hand, knee, and wrist; it has not been evaluated for treatment of the spine, hip, or shoulder. As the current request does not specify which body region is to be treated, and the percent formulation is less than the FDA approved amount, medical necessity and guideline compliance has not been established. As such, the request for Flector 0.3% Transdermal patch is not medically necessary and appropriate.

**RETRO TORADOL 60MG/ 1% LIDOCAINE INJECTION TO R LUMBOSACRAL, LOWER BUTTOCK, 1 IN DISTALLY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines did not specifically address the need, or indications for use, of Toradol injections; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines recommend Toradol injections as an option

to corticosteroid injections, or opioid therapy. As the injured worker was suffering from a recent flare up of pain, general increasing of the pain medication was not indicated. Subsequently, a Toradol injection was administered as appropriate. As such, the request for retro Toradol 60 mg/ 1% Lidocaine injection to right lumbosacral, lower buttock, 1 inch distally is medically necessary and appropriate.