

<b>Case Number:</b>	CM14-0130384		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 3/1/2013. She was diagnosed with cervical discopathy with segmental instability, cervical radiculitis, lumbar discopathy with segmental instability, and carpal tunnel/double crush syndrome. She was treated with acupuncture, topical and oral medications, and physical therapy. On 7/15/14, the worker was seen by her primary treating physician reporting her constant pain in her cervical spine, which was characterized as sharp and associated with headaches and upper back muscle tension and was unchanged since her last visit. She rated her pain at 6/10 on the pain scale. She also reported low back pain, which was also sharp and unchanged from prior reports, rated at 6/10 on the pain scale. She also reported bilateral wrist/hand pain, which was also unchanged and rated at 6/10 on the pain scale. No medication list was documented, however in previous visits; the worker was recommended Naproxen Sodium, Orphenadrine, Sumatriptan, Ondansetron, Omeprazole, tramadol, and Terocin. Physical findings included tenderness and spasm of paravertebral (cervical and lumbar) muscles, positive axial loading test, positive Spurling's, seated nerve root test positive, tenderness over volar aspect of the wrist, positive Phalen's and Tinel's on the wrists. She was then recommended refills on her medications as well as physical therapy for the neck and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER (Voltaron SR) 100 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, naproxen sodium had been prescribed 2 months prior to this worker, and it is unclear as to why another NSAID is being prescribed as there is no documented explanation found in the notes provided for review. Regardless, using NSAIDs chronically, which is the intention of this request, is not recommended due to potential risks associated with this medication. Therefore, the Diclofenac is not medically necessary.

**Ondansetron 8 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Antiemetics (for Opioid use)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Anti-emetic use for opioid-related nausea, Zofran

**Decision rationale:** The MTUS is silent on the use of Zofran. The ODG states that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, she had been prescribed Ondansetron at least 2 months prior for the nausea associated with headaches caused by her chronic neck pain. This particular medication would not be indicated for this cause of nausea, and other anti-nausea medication could be considered in its place. There was no evidence shown in the recently documents that showed functional benefit with the use of Ondansetron. For now, however, the Ondansetron will be considered not medically necessary.

**Menthoderm Gel #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Methoderm is a topical analgesic which included the active ingredients menthol and methyl salicylate. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates are recommended as they are significantly better than placebo in chronic pain and carry low risk. In order to justify continuation, however, evidence of functional benefit must be present. In the case of this worker, there was no documented report on how the worker used Methoderm and if it was helpful with improving her function or reducing her pain in a measurable way. Without this documented evidence of benefit, the Methoderm will be considered not medically necessary.