

Case Number:	CM14-0144555		
Date Assigned:	09/12/2014	Date of Injury:	05/06/1997
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This case involves a 58-year-old female who sustained a work related injury on 05/06/1997 as result of an unknown mechanism of injury. The most recent pain management reports states the patient expressed she has 8-9/10 pain at the bilateral arms, knee and foot that is sharp, dull, throbbing, burning, and electric with pins and needles. Her discomfort is reduced with use of medication, H-wave and acupuncture. The physical examination only identifies 'TTP (tenderness to palpation) lumbar paraspinal area'.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 4mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>

Decision rationale: Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT₃ receptor antagonists. It works by blocking the action of serotonin, a natural

substance that may cause nausea and vomiting. Ondansetron comes as a tablet, a rapidly disintegrating (dissolving) tablet, and an oral solution (liquid) to take by mouth. The first dose of ondansetron is usually taken 30 minutes before the start of chemotherapy, 1 to 2 hours before the start of radiation therapy, or 1 hour before surgery. Additional doses are sometimes taken one to three times a day during chemotherapy or radiation therapy and for 1 to 2 days after the end of treatment. Zofran is not intended to treat generalized nausea and vomiting. It is approved for the uses listed above. As the patient is not currently undergoing either of these forms of evasive treatment, the request is not medically necessary.

Voltaren Gel 1% 2 tubes x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 112.

Decision rationale: Voltaren Gel 1% (diclofenac): Indicated for and FDA-approved for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. As the patient has areas of discomfort that Voltaren gel is authorized for use (knee and foot), its use is medically necessary as it precludes use of systemic non-steroidal anti-inflammatory drugs (NSAID's) that may cause either gastric intestinal issues or other systemic side effects. Therefore, this request is medically necessary.