

<b>Case Number:</b>	CM14-0154377		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/29/1999
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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 individual is a 54 year old female who sustained an industrially related injury on 11/29/99 involving her lower back. She has ongoing complaint of low back pain (currently 3-4/10-worst 7-8/10) with bilateral radicular symptoms. The most recent physical examination from the available medical records demonstrates; tenderness over midline lumbar spine, normal low back range of motion and negative straight leg raising test. The available record indicates the use of physical therapy and home exercise as being effective in decreasing pain and increasing functionality though the home exercise program is now being re-initiated. She currently receives Percocet and Diclofenac topical patches for pain and Ondansetron for nausea. This request is for Diclofenac transdermal patches and Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3%, 15 day supply, #30:** Upheld

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

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

**Decision rationale:** MTUS specifically states for Diclofenac topical that it is "Indicated for 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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for low back pain. As such the request for Flector # 30 is deemed not medically necessary.

**Ondansetron tab 4mg ODT, 10 day supply, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea)

**Decision rationale:** Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). This individual is currently taking Percocet. ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of an NSAID or switching of an NSAID occurred. Additionally, Ondansetron is not a proton pump inhibitor and is not considered first line treatment. There is a reference in the medical record indicating that the Ondansetron is for pain related nausea, however the latest examination seemed to indicate effective pain control and good functional improvement, further the most appropriate therapy for pain related nausea would be improved pain control. As such the request for Ondansetron HCL 4MG, #60 is not medically indicated.