

Case Number:	CM14-0182414		
Date Assigned:	11/07/2014	Date of Injury:	02/25/1991
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 25, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 14, 2014, the claims administrator partially approved a request for Zofran while denying Voltaren gel. The applicant's attorney subsequently appealed. In a June 6, 2014 appeal letter, the requesting provider, an endocrinologist, stated that the applicant had had a partial pancreatectomy, a splenectomy, a cholecystectomy, and an antrectomy. It was stated that the applicant was therefore using Zofran to combat issues associated with nausea generated by back pain and psychological stress. The attending provider noted that the applicant was using Pancreas, a pancreatic enzyme; Adderall, a stimulant; Elavil, an antidepressant; Viibryd, an antidepressant; vitamin B12; Ativan, an anxiolytic; Lortab, an opioid; Tramadol, an opioid; aspirin; and Glucophage. The attending provider stated that he was appealing previously denied request for Voltaren gel and oral Zofran. In an operative report dated May 15, 2003, the applicant did undergo cholecystectomy and lysis of abdominal adhesions. In a September 24, 2014 psychiatric note, the applicant was described as using a variety of psychotropic medications, including Viibryd, Elavil, Ativan, and Adderall. It was stated that the applicant was using Adderall twice daily for anxiolytic effect. The applicant was given diagnosis of major depressive disorder, generalized anxiety disorder, and pain disorder with psychological features. The applicant was placed off of work, on total temporary disability, from a mental health standpoint. On April 16, 2014, the applicant presented with ongoing complaints of chronic neck and low back pain. The applicant was given prescriptions for Tramadol, Lortab, Zofran, and

Voltaren gel. It was stated that Zofran was employed to treat nausea associated with various flares of pain and apparently associated with various flares of pain and/or attendant usage of Lortab and Tramadol. On June 4, 2014, the applicant was again described as having various complaints of pain. The applicant stated that Zofran was the only antiemetic which was effective in attenuating his complaints of nausea. The attending provider acknowledged that Zofran was being employed off-label. The applicant was 54 years old, it was noted. Pain ranging from 5-9/10 was appreciated. It was noted that the applicant was using Tramadol tablets but an elixir form of Lortab. The applicant was also using Atarax, it was further noted. The applicant was given primary diagnosis of chronic neck and low back pain. On July 16, 2014, the applicant was given primary diagnosis of chronic neck and low back pain. The applicant was given refills of Voltaren gel, Tramadol tablets, Lortab elixir, and Atarax. The applicant was also using Viibryd, Adderall, Elavil, vitamins, Glucophage, and vitamin B12 injections, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg, #90 with 5 refills:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Zofran/Ondanestron

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support usage. The Food and Drug Administration (FDA) notes that Zofran (ondansetron) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the attending provider has indicated that the applicant is using Zofran for opioid induced nausea and/or nausea associated with acute flares of pain. This is not an FDA-endorsed role for ondansetron. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request is not medically necessary.

Voltaren Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren 9792.20f Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the cervical and lumbar spines, body parts for which Voltaren gel has not been evaluated. It is further noted that the applicant has received and has been using Voltaren gel for what appears to be a span of several months, despite the tepid to unfavorable MTUS position on the same for treatment of issues involving the spine, as are present here. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren gel. The applicant remains off of work, on total temporary disability. Ongoing usage of Voltaren gel has failed to curtail the applicant's dependence on opioid agents such as tramadol and Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request is not medically necessary.