

<b>Case Number:</b>	CM14-0075380		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/29/1999
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Internal 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:

Patient is an injured worker with a lumbar back condition. Date of injury was 11-29-1999. Progress report dated 04/18/2014 documented subjective complaints of low back pain. Patient reported a significant increase in low back pain with radiation into the left lower extremity for two weeks when a suitcase was dropped into her arms. She complained of nausea associated with recently increased pain. Vital signs were not recorded. Physical examination documented healthy-appearing, mild distress. Diagnoses were low back pain, lumbago, and myofascial pain. The physician noted severe flare up of lumbar pain symptoms. Treatment plan included Flector patch, Percocet, Zofran, Medrol Dosepak (methylprednisolone), trigger point injection. Utilization review determination date was 05-06-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% Transdermal #30 with 1 refill:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical treatment utilization schedule (MTUS)Chronic Pain Medical Treatment GuidelinesTopical Analgesics Page 111-113NSAIDs, specific drug list

& adverse effects Page 70FDA Prescribing Information Flector diclofenac topical patch<http://www.drugs.com/pro/flector.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. FDA guidelines state that Flector patch is indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions. NSAIDs, including Flector Patch, can lead to new onset or worsening of pre-existing hypertension, either of which may contribute to the increased incidence of CV events. Monitor blood pressure (BP) closely during the initiation of treatment and throughout the course of therapy. MTUS Chronic Pain Medical Treatment Guidelines state that periodic lab monitoring of liver and renal function tests are recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document that Flector patch was prescribed on 4/18/14 and 1/30/14. MTUS guidelines recommend that NSAIDs be used for the shortest duration of time, and do not support the long-term use of NSAIDs. Medical records do not document recent laboratory test results, which are recommended by MTUS for the use of NSAIDs. Vitals signs were not documented in the 4/18/2014 progress note, which are recommended by MTUS for the use of NSAIDs. Medical records and MTUS guidelines do not support the use of Flector Patch. Therefore, the request for Flector 1.3% Transdermal #30 with 1 refill is not medically necessary.

**Zofran ODT 4mg #60 with 1 refill:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical treatment utilization schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) Pain (Chronic) Ondansetron (Zofran®) FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) state that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Progress report dated 04/18/2014 documented that the patient complained of nausea associated with back pain. No vomiting was documented. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. Zofran is not FDA approved for nausea associated with back pain. The medical records do not support the use of Zofran. Therefore, the request for Zofran ODT 4mg #60 with 1 refill is not medically necessary.

**Medrol (Pak) 4mg #1 dose paks of 21:** 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 Medical Treatment Utilization Schedule (MTUS) does not address Medrol Dosepak. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Medrol Dosepak. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) corticosteroids are recommended for acute radicular pain. Medrol Dosepak (methylprednisolone) is a corticosteroid. Progress report dated 04/18/2014 documented acute radicular pain. The patient reported a significant acute increase in low back pain with radiation into the left lower extremity. The physician noted severe flare up of lumbar pain symptoms. ODG guidelines support the use of methylprednisolone (Medrol Dosepak) for acute radicular pain. Therefore, the request for Medrol (Pak) 4mg #1 dose packs of 21 is medically necessary.