

Case Number:	CM14-0089737		
Date Assigned:	07/23/2014	Date of Injury:	01/30/2004
Decision Date:	09/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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:

This is a 52-year-old female with a 1/30/04 date of injury. The mechanism of injury was not noted. According to a progress note dated 5/14/14, the patient complained of neck and low back pain which was aggravated by activity and walking. She rated her pain as 6/10 in intensity with medications and 9/10 in intensity without medications. Her pain is worse since her last visit. She also reported frequent, moderate gastrointestinal upset. Objective findings: spasm noted in the right paraspinal musculature, tenderness upon palpation bilaterally in the paravertebral area L3-S1 levels, ROM of lumbar spine was moderately limited secondary to pain, facet signs present bilaterally, sensory exam and motor exam within normal limits. Diagnostic impression: lumbar disc degeneration, lumbar facet arthropathy, status post lumbar spine fusion, chronic pain syndrome, history of palytic ileus, status post exploratory laparoscopy, chronic nausea. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 6/3/14 denied the request for Lidoderm patches and Zofran. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Lidoderm 5% patch, 12 hours on 12 hours off, #30 (DOS: 05/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Official Disability Guidelines state that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated, however, that information was not provided in the reports reviewed. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request was not medically necessary.

RETRO: Zofran 4mg, 1 every 8 hours, #30 (DOS: 05/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Ondansetron (Zofran), Antiemetics (for opioid nausea).

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: FDA (Ondansetron).

Decision rationale: The California MTUS and Official Disability Guidelines do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is noted that the patient suffers from chronic nausea. However, the etiology of the nausea was not addressed. There is no documentation that the nausea is the result of any of the indications approved by the FDA. Therefore, the request was not medically necessary.