

<b>Case Number:</b>	CM14-0104624		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50 year old man who sustained a work-related injury on August 18 2011. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on May 29 2014, the patient was complaining of on going back pain radiating to both lower extremities with numbness. The patient physical examination demonstrated lumbar tenderness and normal neurological examination. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8 mg. # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain ChapterFDA (Federal Drug Administration)

**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: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

**Decision rationale:** Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.

**Cialis 10 mg. everyday PRN (as needed) # 15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA); <http://www.drugs.com/pro/cialis.html>

**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.emedicinehealth.com/drug-tadalafil/article\\_em.htm](http://www.emedicinehealth.com/drug-tadalafil/article_em.htm).

**Decision rationale:** Tadalafil relaxes muscles and increases blood flow to particular areas of the body. Tadalafil under the name of Cialis is used for the treatment of erectile dysfunction. There is no recent documentation that the patient has impotence or any impotence resulting from erectile dysfunction. Therefore the prescription of Cialis is not medically necessary.

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective Nsaids; Topical Analgesics Page(s): 107; 111.

**Decision rationale:** Voltaren is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren could be used for osteoarthritis pain and there is no strong evidence for its use for more than 4 weeks. Therefore request for VOLTAREN GEL 1%, is not medically necessary.

**Percocet 5/325mg. # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.The patient have been using oipiods for long period of time without recent documentation of full controle of pain and without any documentation of fuctional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 5/325mg. # 90 is not medically necessary.

**Cambia #6:** 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 Nonselective Nsaids Page(s): 107.

**Decision rationale:** Cambia (diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). Cambia is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. There is no clear documentation that the patient have migraine headaches. Therefore, the prescription of Cambia #4 is not medically necessary.