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| Case Number: | CM14-0209217 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 12/16/1999 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Emergency 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 with reported date of injury on 12/16/1999. Mechanism of injury was not stated. Patient has a diagnosis of lumbar radiculopathy, hypertension, chronic pain and chronic nausea. Medical reports reviewed. Last report available until 10/24/14. Patient complains of low back pain. Pain is 10/10 and improves to 5/10 with medications. Patient has gastrointestinal upset and nausea. Objective exam reveals low back pain with tenderness from L4-S1 and paraspinals. Moderate decreased range of motion limited by pain. No sensory changes. MRI report dated 3/16/10 was reviewed. Medication list notes that patient is on Morphine, Celebrex, Lidoderm patch, Zofran and Tizanidine. Independent Medical Review is for Lidoderm 5% #30 and Zofran 4mg #30. Prior Utilization Review on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Patient has not reportedly failure of multiple drugs but 1st line treatment for radicular pain such as amitriptyline, Lyrica or Neurontin were not documented as attempted. Lidocaine patch is not medically necessary.

Zofran 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Antiemetics(for opioid nausea)

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guide(ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation notes subjective complaints of nausea but patient has been on zofran for at least 6months. If patient has continued nausea from oral morphine, that should be weaned or switched. Chronic use of zofran is not recommended. Ondansetron is not medically necessary.