

<b>Case Number:</b>	CM15-0108870		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker is a 57 year old female who sustained an industrial injury on 2/9/11 when she lifted a client resulting in a shoulder injury. She has had subsequent injuries with multiple pains and received medications and injections. She currently complains of an increase in neck described as burning, stabbing with numbness and cramping and pins and needles with a pain level of 9/10, the pain radiates up the back of her head; achy pain and numbness of the bilateral shoulders, arms and hands; she has stabbing, burning low back pain with pins and needles (9/10); achy bilateral leg pain with numbness into the feet. She has difficulty sleeping due to pain. On physical exam, there was tenderness over the cervical facets with spasms and decreased range of motion of both cervical and lumbar spine. She has positive Faber test, positive bilateral straight leg raise. There was tenderness of the lumbar spine. Medications are Norco, Flexeril, gabapentin, Pamelor, Lidopro topical cream. Urine drug screen (11/21/13) was consistent with prescribed medications. Diagnoses include chronic pain syndrome; cervicgia, rule out cervical facetogenic pain; lumbago; lumbar facet arthropathy; lumbar and cervical degenerative disk disease; lumbar spondylosis. Treatments to date include bilateral shoulder injection (5/13/15); chiropractic treatments acupuncture. Diagnostics include MRI of the lumbar spine (9/4/13) showing degenerative disk disease, neural foraminal narrowing; MRI of the cervical spine (9/4/13) showed degenerative disk disease with retrolisthesis; computed tomography of the brain showed small venous angioma right frontal lobe. In the progress note dated 5/13/15 the treating provider's plan of care includes requests for ondansetron 4 mg; CM1-gabapentin 10% cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ondansetron 4mg #10:** 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 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:** Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. Therefore, the prescription Ondansetron 4mg #10 is not medically necessary

### **CM1-Gabapentin 10%:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** 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. That 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. There is no evidence that Gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Gabapentin, a topical analgesic is not recommended by MTUS guidelines. Based on the above CM1-Gabapentin 10% is not medically necessary.