

Case Number:	CM15-0013040		
Date Assigned:	01/30/2015	Date of Injury:	10/12/2007
Decision Date:	04/09/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50-year-old female, who sustained an industrial injury on 10/12/2007. The diagnoses have included lumbago, thoracic/lumbosacral neuritis/radiculitis, post-laminectomy syndrome lumbar region and lumbar disc disease. Treatment to date has included spinal fusion, physical therapy, chiropractic manipulation and medications. According to the Primary Treating Physician's Progress Report dated 12/8/2014, the injured worker presented for re-evaluation of chronic, severe low back pain. The injured worker complained of left sided low back and buttock pain. She also reported vertigo. The injured worker rated the average pain without medications as 10/10 and with medications 2/10. Exam of the cervical spine revealed tenderness to palpation at C4-C5. Lumbar exam revealed tenderness in the low back. Blood pressure was 101/65. Authorization was requested for medications. On 1/15/2015 Utilization Review (UR) non-certified requests for a Catapres patch 0.1mg/24 hours with four refills and Zofran 4mg #10 with two refills. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catapres Patch 0.1mg/24hr #4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine Page(s): 34.

Decision rationale: The patient is a 50-year-old female with an injury on 10/12/2007. She had back pain and had a lumbar laminectomy/fusion. On 12/08/2014, the blood pressure was 101/65 and she had neck and back tenderness. Catapres is Clonidine. Clonidine is FDA approved treatment of hypertension and causes hypotension. It also has an orphan drug status approval for intrathecal administration for the treatment of patients with cancer. This patient has no documentation of cancer, is not hypertensive and the request is for a Catapres patch (which is only FDA approved treatment for hypertension). The use of a Catapres Patch in this patient is not consistent with MTUS guidelines and is experimental and investigative treatment as there is no FDA approved indication documenting safety and efficacy.

Zofran 4mg #10 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran, FDA approved package insert.

Decision rationale: The patient is a 50-year-old female with an injury on 10/12/2007. She had back pain and had a lumbar laminectomy/fusion. On 12/08/2014, the blood pressure was 101/65 and she had neck and back tenderness. The FDA approved indications for Zofran include the treatment or prevention of nausea and emesis in patients receiving chemotherapy for cancer, receiving radiation therapy for cancer or to treat or prevent postoperative nausea or emesis. The patient has no FDA approved indication for the use of Zofran. Thus, the use of Zofran in this patient is experimental and investigational treatment and is not medically necessary.