MAXIMUS Federal Services

Case Number:	CM15-0166151		
Date Assigned:	09/03/2015	Date of Injury:	08/25/2011
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: California
Certification(s)/Specialty: Emergency 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:

This is a 62-year-old female who sustained an industrial injury on 08-25-2011. Diagnoses include lumbar radiculopathy and L3-4, L4-5 herniated nucleus pulposus with stenosis. Treatment to date has included medication, chiropractic treatment and aquatic therapy. According to the progress notes dated 5-27-2015, the IW (injured worker) reported aching pain in the left side of the neck, rated 7 out of 10, which radiated to the right shoulder and caused pins and needles sensations in the bilateral hands. She complained of dropping items frequently. She also reported burning, aching pain intermittently in the low back and in the bilateral knees and pins and needles sensations in the bilateral feet. The pain was worse in the right leg. Pain caused difficulty sleeping; TENS and heat were helpful. On examination, her gait was slow and antalgic, and she used a 4-point cane for assistance. Heel-toe walk was abnormal. There was tenderness and spasms in the lumbar spine. Range of motion was decreased in all planes. There was sensory loss in the right L3 dermatome and some motor weakness in the right lower extremity. Patellar and Achilles reflexes were hyperreflexic bilaterally. Straight leg raise was positive on the right at 60 degrees, causing pain to the knee. Lasegue's was positive on the right. The right knee was swollen, diffusely tender and painful with range of motion. The MRI dated 4-8-2015 showed multilevel disc herniation, facet hypertrophy, central canal and neuroforaminal narrowing, and spondylolisthesis of L5. Medications were listed as Tylenol #3, which caused nausea, Flexeril 7.5mg, Zofran for nausea and Gabapentin, which decreased her radicular pain. A request was made for Ondansetron HCl 4mg/tab #10 one daily for nausea and CM1-Gabapentin 10%, #1 for radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic pain guidelines, most topical analgesics are considered experimental with very poor evidence to support efficacy or safety. Gabapentin is an antiepileptic drug that is FDA approved for oral use only. There is no evidence to support its use topically. MTUS guidelines do not recommend topical use of gabapentin. Gabapentin 10% is not medically necessary.

Ondansetron Hcl 4mg/tab #10: 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 (updated 07/15/2015)- Online Version.

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 from Tylenol #3 but patient has been on zofran for at least 6months. If patient has continued nausea from oral opioid that should be weaned or switched. Chronic use of zofran is not recommended. Ondansetron is not medically necessary.