MAXIMUS Federal Services

Case Number:	CM15-0166459		
Date Assigned:	09/04/2015	Date of Injury:	11/29/1999
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, who sustained an industrial injury on November 29, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for opioid dependence, low back pain, chronic pain syndrome, psychophysiologic disorder, and depressive disorder. On August 7, 2015, the injured worker reported bilateral low back pain, left greater than right that radiated to the left lower extremity, with left lower extremity weakness, interference with sleep, and depression. The Treating Physician's report dated August 7, 2015, noted the injured worker reported pain was well controlled with prescribed medications, with the Zofran was used for management of nausea caused during increased pain flares. The injured worker noted the Voltaren gel was not as effective as the Flector patch, with the belief that she would benefit from the patch to increase her activity and help her reduce her opioid medications. The injured worker was noted to be prescribed the Flector patch, prescribed since at least April 2015, along with the Percocet, Valium, Voltaren gel, and Zofran, prescribed since at least October 2014, with Cymbalta and Neurontin also noted. Physical examination was noted to show the injured worker in no acute distress, with a normal gait and posture. The Physician noted there were no adverse side effects noted from the medications, A CURE was compliant, and a pain agreement was signed September 5, 2014. The urine drug toxicology from the previous visit was noted to be within normal limits. Prior treatments have included a Functional Restoration Program; lumbar epidural steroid injection (ESI) on February 2015 with pain reduced and improved function, and medications. The request for authorization dated August 10, 2015,

requested Ondansetron 4mg #60 and Flector DIS 1.3% #30. The Utilization Review (UR) dated August 12, 2015, denied the requests for Ondansetron 4mg #60 and Flector DIS 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #60: 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 Antiemetics.

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 and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1999 and continues to be treated for radiating low back pain and secondary depression and insomnia. In March 2015 Voltaren gel was being prescribed. Zofran was being prescribed for nausea during flare-ups of pain. In April 2015, she was paying out-of-pocket for both medications. Flector was prescribed. When seen, she was having low back pain with left lower extremity weakness. She was using Voltaren gel. Pain is referenced as well controlled with medications. Physical examination findings included an anxious, depressed, and flat affect. There was normal gait. Zofran and Percocet were prescribed. Flector was continued. The claimant has reported intolerance of oral non-steroidal anti-inflammatory medication. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. The ongoing use of this medication was not medically necessary.

Flector DIS 1.3% #30: 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 based on Non-MTUS Citation ODG Workers, Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1999 and continues to be treated for radiating low back pain and secondary depression and insomnia. In March 2015 Voltaren gel was being prescribed. Zofran was being prescribed for nausea during flare-ups of pain. In April 2015, she was paying out-of-pocket for both medications. Flector was prescribed. When seen, she was having low back pain with left lower extremity weakness. She was using Voltaren gel. Pain is referenced as well controlled with medications. Physical examination findings included an anxious, depressed, and flat affect. There was normal gait. Zofran and Percocet were prescribed. Flector was continued. The claimant has reported intolerance of oral non-steroidal anti-inflammatory medication.

Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized low back pain that was amenable to topical treatment with Voltaren gel. Generic medication is available. Voltaren gel can be considered medically necessary. Flector is not recommended as a first-line treatment and was not medically necessary.