

Case Number:	CM15-0203164		
Date Assigned:	10/19/2015	Date of Injury:	06/15/2013
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 28 year old female with a date of injury on 06-15-2013. The injured worker is undergoing treatment for cervical degenerative disc disease, chronic neck pain, and right cervical radiculitis. A progress note dated 08-27-2015 documents she has low back, neck, left wrist and right shoulder pain. She was prescribed Naproxen which she has not tried yet. She was on Flexeril but it makes her dizzy and nauseated so she will discontinue it. A physician progress note dated 09-25-2015 documents the injured worker has complaints of severe pain and is unable to take Tramadol due to nausea. She has neck, right shoulder and low back pain that she rates as 10 out of 10. Her pain is worse since the last visit. She did not take some of her medications because she was afraid she would get dizzy. She refused surgery to her lower back because her neck surgery did not really help. She cannot take Tramadol because of nausea and has tried Norco and is also caused nausea. The lumbar spine sensation is intact. There is moderate tenderness over the lumbar paraspinals. Myofascial spasm and restrictions are appreciated. Straight leg raise is positive on the left. She has aching neck pain and right shoulder pain. Treatment to date has included medications, diagnostic studies, status post cervical surgery on 08-18-2014, status post right shoulder surgery on 04-27-2015, physical therapy, massage, and she recently received a Transcutaneous Electrical Nerve Stimulation unit, but has not started using it yet, and interlaminar epidural steroid injection. A Urine drug screen done on 06-04-2015 was consistent with her medications. An Electromyography and Nerve Conduction Velocity of the lower extremities unknown date revealed Bilateral L5 and S1 radiculitis. Current medications include Lyrica-for radiculopathy, Naproxen (which she has not started yet),

Omeprazole, Tramadol, Flexeril (?), Silenor, Motrin, Lamisil and Hytone cream. The Request for Authorization dated 09-28-2015 includes Lidoderm 5% patches #60 and Zofran ODT 8mg #20. On 10-07-2015 Utilization Review non-certified the request for Lidoderm 5% patches #60 and Zofran ODT 8mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses and was already on oral analgesics. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for Lidoderm patches as above is not medically necessary.

Zofran ODT 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses. The claimant's symptoms were opioid related and Zofran is not medically necessary.