

Case Number:	CM15-0043940		
Date Assigned:	04/13/2015	Date of Injury:	12/12/2006
Decision Date:	05/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on 12/12/06. She reported lower back and left foot injury. The injured worker was diagnosed as having complex regional pain syndrome left lower extremity, contralateral spread of neuropathic pain to right lower extremity, status post permanent spinal cord stimulator implant, secondary right ankle compensatory degeneration, rheumatoid arthritis, bilateral knee arthritis, severe gastritis, severe depression and post concussive injury. Treatment to date has included oral medications, transdermal medications, home care assistance and spinal cord stimulator. Currently, the injured worker complains of chronic pain and being wheelchair bound, she states stimulator is effective for leg pain. Physical exam noted lower extremities were slightly tender with allodynia and lumbar spine is very tender and she is wheelchair bound. The treatment plan included continuation of oral medications and transdermal Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Miralax #1, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The treating physician has documented that the injured worker complains of chronic pain and being wheelchair bound, she states stimulator is effective for leg pain. Physical exam noted lower extremities were slightly tender with allodynia and lumbar spine is very tender and she is wheelchair bound. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Miralax #1 is not medically necessary.

Zofran 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/10/15) Ondansetron (Zofran).

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

Decision rationale: The requested Zofran 4mg #30, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The treating physician has documented that the injured worker complains of chronic pain and being wheelchair bound, she states stimulator is effective for leg pain. Physical exam noted lower extremities were slightly tender with allodynia and lumbar spine is very tender and she is wheelchair bound. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Zofran 4mg #30 is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidoderm patch 5% #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The treating physician has documented that the injured worker complains of chronic pain and being wheelchair bound, she states stimulator is effective for leg pain. Physical exam noted lower extremities were slightly tender with allodynia and lumbar spine is very tender and she is wheelchair bound. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch 5% #30 is not medically necessary.