MAXIMUS Federal Services

| Case Number: | CM15-0047625 | | |
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| Date Assigned: | 03/19/2015 | Date of Injury: | 10/29/2009 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain, neck pain, depression, anxiety, insomnia, and posttraumatic headaches reportedly associated with an industrial injury of October 29, 2009. In Utilization Review Reports of February 11, 2015, the claims administrator partially approved requests for Xanax, apparently for weaning purposes; failed to approve a request for Zofran; partially approved Norco, apparently for weaning purposes; and denied Lidoderm patch. The claims administrator referenced a progress note dated February 4, 2015 in its determination. The applicant's attorney subsequently appealed.On September 4, 2014, the applicant reported ongoing complaints of low back pain, left lower extremity pain, neck pain, and upper extremity paresthesias. The applicant was on oxycodone, Soma, Zofran, Lidoderm, and amphetamine, it was acknowledged. The applicant was off of work, had not worked since 2009, and reported that she was largely sedentary. The applicant stated that she was no longer performing activities such as walking, running, and snowboarding, which she formerly enjoyed. The applicant stated that she had developed issues with depression and weight loss, both of which she attributed to the industrial injury. On November 12, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of anxiety, depression, low back pain, neck pain, and leg pain. Standing, walking, and sitting all remained problematic, the treating provider acknowledged. No discussion of medication efficacy transpired here. On January 7, 2015, the applicant was again placed off of work, on total temporary disability, owing to constant, severe back, neck, and leg pain complaints with associated depression, anxiety, and difficulty concentrating. On February 4,

2015, the applicant was placed off of work, on total temporary disability, owing to persistent, severe low back and left leg pain. Depression and anxiety were also evident. Norco, Xanax, tizanidine, Lidoderm, and Zofran were all endorsed. The note was very difficult to follow. Authorization was seemingly sought for a spine surgery consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78-97, 24, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Xanax, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here.While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the request in question represented a renewal or extension request for Xanax. The applicant had apparently been using Xanax for a span of several months to several years, for sedative and/or anxiolytic effect. This is not an ACOEM-endorsed role for the same, however. Therefore, the request was not medically necessary

**Zofran 4 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78-97, 24, 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htmOndansetron (marketed as Zofran) InformationOndansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** Similarly, the request for Zofran (ondansetron) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and

vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, there was no mention of the applicant's having undergone any recent cancer chemotherapy, radiation therapy, and/or surgery. The handwritten progress note of February 4, 2015, furthermore, was quite difficult to follow, was not altogether legible, and did not explicitly refer to the applicant's personally experiencing symptoms of nausea and/or vomiting. Therefore, the request was not medically necessary.

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78-97, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date Norco was renewed. The applicant's pain complaints were consistently described as constant and severe. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Lidoderm patch 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78-97, 24, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Finally, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.