

Case Number:	CM15-0056861		
Date Assigned:	04/01/2015	Date of Injury:	05/26/2012
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Montana

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 injured worker is a 30 year old female, who sustained an industrial injury on 5/26/2012. She reported the onset of sharp pain in her neck, back, knees and legs after being hit by a vehicle. Diagnoses have included lumbar spine degenerative disc disease with radicular symptoms to bilateral lower extremities, lumbar spine spondylosis, lumbar spine sprain/strain with myofascial pain and tenderness and bilateral sacroiliac (SI) joint arthropathy. Treatment to date has included right knee arthroscopic surgery, physical therapy, SI joint injection, epidural steroid injections, bilateral L4-L5 and L5-S1 medial branch blocks and medication. According to the progress report dated 2/26/2015, the injured worker complained of severe back pain in her lumbosacral area. The injured worker reported having to go to the emergency department for pain relief in the last week. She also complained of bilateral knee pain, worse on the left side. Physical exam revealed tenderness to touch on the bilateral paraspinal muscles and lumbosacral area. Straight leg raise produced low back pain. Lumbar extension causes pain over the facet joints. Spasm was present with range of motion of the lumbar spine. Authorization was requested for a compound analgesic cream to be applied on the lower back and knee areas for symptomatic relief of pain. The injured worker reported nausea with Norco; authorization was requested for Zofran to be taken prior to Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream, unspecified dosage and quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the Utilization Review on 3/20/15 noted that the specific compounded agents are unknown. The medical record from 3/24/15 indicates that the requested compounded medication contains flurbiprofen and lidocaine. The flurbiprofen is a non-steroidal anti-inflammatory agent (NSAID). The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain topical NSAIDs are not recommended as there is no evidence to support use. FDA-approved agents include Voltaren Gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical lidocaine is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For non-neuropathic pain, it is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) In this case, the records show that the use of the compounded topical analgesics are for the low back and knee. Its use is not consistent with the MTUS guidance noted above. The request for compound analgesic cream, unspecified dosage and quantity is not medically necessary.

Zofran 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 Chapter, 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, Ondansetron and Product information, ondansetron (Zofran).

Decision rationale: The MTUS does not specifically address treatment with ondansetron (Zofran). The ODG Guidelines note that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Product information documents the following indications; Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin, prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen, and prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Ondansetron tablets, USP are recommended even where the incidence of postoperative nausea and/or vomiting is low. The medical records do not provide evidence of indications for this medication as noted above. The records do note that the medication is requested for nausea and vomiting associated with use of Norco. The medical records do not provide evidence of indications for this medication as noted above. The request for Zofran (ondansetron) 4mg #60 is not medically necessary.