

<b>Case Number:</b>	CM15-0060684		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	04/22/1971
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New York  
 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 65 year old male who has reported multifocal pain after a motor vehicle accident in 1971. The diagnoses have included status post right above the knee amputation, right stump pain, chronic neuropathic pain right AKA stump, low back pain, lumbar arthropathy, bilateral subacromial and subdeltoid bursitis, hepatitis, cirrhosis, decubitus ulcers, and cervical spine fracture. Treatment has included surgery, physical therapy, occupational therapy, medications, compression garments, and injections. Provigil, per the prior reports, was given for daytime wakefulness and improved cognitive function. A urine drug screen on 10/7/14 was positive for benzodiazepines only. Lidoderm was apparently started on 1/14/15. The report on that day did not discuss the indications for Lidoderm. The injured worker was last seen by his prior primary treating physician on 1/14/15, at which time he had ongoing multifocal pain, and was using opioids, baclofen, Lidoderm patches, docusate, and Senokot. As of 2/4/15 a new primary treating physician evaluated the injured worker. The injured worker was in a wheelchair and had poor function. There was lower extremity cellulitis in addition to the other ongoing problems. He was admitted for inpatient care. While an inpatient, he was diagnosed with low vitamin D. The cardiology consultation on 2/25/15 referred to supplementation of magnesium due to a level of 1.6. Vitamin supplementation was recommended, although the current level was not stated. Vitamin D deficiency was listed as a discharge diagnosis. Lidoderm was listed as for the "lower back." On 3/12/15 a long list of items, including those evaluated in Utilization Review, was submitted. The accompanying office visit report did not provide any new information regarding the medical necessity for the list of requests. None of the available reports

provides a specific discussion of the results of using any of the medications or vitamins referred for this Independent Medical Review. None of the reports discuss the indications for the vitamins or medications other than the brief mentions of vitamin D deficiency listed above. On 4/12/15 the injured worker was admitted for further inpatient care due to an acute increase in abdominal pain, nausea and vomiting. On 3/23/15 Utilization Review certified Oxycontin, calcium antacid, spironolactone, melatonin, Isosorbide, HCTZ, fondaparinux, and enalapril. Utilization Review non-certified ondansetron, lidocaine gel, multivitamins, modafinil, magnesium oxide, a lidocaine pad, vitamins C and D, and Flector, The Utilization Review noted the lack of documentation for a vitamin deficiency, and lack of prescribing per the cited MTUS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron 4mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Antiemetics.

**Decision rationale:** The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the only apparent indication is for nausea possibly related to chronic opioid intake. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

#### **Lidocaine Gel 2% #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Although this injured worker may have neuropathic pain in the stump, none of the medical reports discusses the indications for lidocaine gel or the results of use. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine gel prescribed in this case is not Lidoderm. Lidoderm has been prescribed concurrently. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable

risk of seizures, irregular heartbeats and death. The topical compounded lidocaine prescribed for this injured worker is not medically necessary based on the MTUS, probable lack of FDA approval, lack of stated indications, and lack of any apparent benefit.

**Multi-Vitamin #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section, vitamins B, D, K and Other Medical Treatment Guidelines.

**Decision rationale:** The MTUS does not provide direction for the use of a multivitamin. The treating physician has provided no evidence of a vitamin deficiency or any other specific indication for vitamin replacement. The Official Disability Guidelines citation above recommends against vitamins for chronic pain. The ACOEM update cited above and the Official Disability Guidelines recommend against vitamin supplementation unless there is a documented deficiency, of which none is documented in this case. The multivitamin is therefore not medically necessary.

**Modafinil 200mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Modafinil (Provigil).

**Decision rationale:** The MTUS does not provide direction for the use of modafinil or equivalents. The Official Disability Guidelines recommend against using modafinil to counteract the sedation caused by opioids unless excessive narcotic prescribing is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that modafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has provided only a brief mention and indications for modafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Modafinil is not medically necessary per the cited guidelines and the lack of clear indications.

**Mag Oxide 400mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Evaluation and treatment of hypomagnesemia, updated June 2015.

**Decision rationale:** The MTUS does not provide direction for magnesium supplementation. The UpToDate reference above recommends replacing magnesium when there is hypomagnesemia. The records show a measured hypomagnesemia for which the magnesium was prescribed. It is therefore medically necessary. The Utilization Review is overturned, as the Utilization Review did not consider the actual magnesium measurement in making the decision.

**Lidocaine Pad 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. The only stated indication in the records is for the low back. None of the reports discusses the actual use and results for Lidoderm. There is no evidence in any of the medical records that this injured worker has failed the recommended oral medications. There is no evidence of any benefit from the Lidoderm used to date. Lidoderm is not medically necessary based on the MTUS.

**Vitamin D 50000 Unit #4:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section, vitamins and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain update, 2008, page 137.

**Decision rationale:** The MTUS does not provide direction for the use of Vitamin D. The treating physician has stated that there is a Vitamin D deficiency although no actual test results were presented. The Official Disability Guidelines and the ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency. Such a deficiency is probably present based on the available records. The Vitamin D is medically necessary, although the records are incomplete. The Utilization Review is overturned, as the Utilization Review did not address the specific content of the records showing a probably vitamin deficiency.

**Flector 1.3% #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the Flector prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. There is no discussion in the reports of the specific indications, results of use, or benefit for Flector. Per the MTUS, topical NSAIDs for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. Given the lack of any reports addressing this medication, it is not clear if it prescribed for a proper diagnosis or if the use is short or long term. Flector is not medically necessary based on the lack of apparent indications, lack of any reports addressing the indications and indications, and lack of any apparent benefit.

**Vitamin D 5000 Unit #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section, vitamins and Other Medical Treatment Guidelines.

**Decision rationale:** The MTUS does not provide direction for the use of Vitamin D. The treating physician has stated that there is a Vitamin D deficiency although no actual test results were presented. The Official Disability Guidelines and the ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency. Such a deficiency is probably present based on the available records. The Vitamin D is medically necessary, although the records are incomplete. The Utilization Review is overturned, as the Utilization Review did not address the specific content of the records showing a probably vitamin deficiency.

**Vitamin C 500mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain update, 2008, page 137.

**Decision rationale:** The MTUS does not provide direction for the use of Vitamin C. The treating physician has provided no evidence of a Vitamin C deficiency or any other specific indication for vitamin C replacement. The ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency, which there is not in this case. The Vitamin C is therefore not medically necessary