

Case Number:	CM14-0119367		
Date Assigned:	08/06/2014	Date of Injury:	11/29/1999
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year old female who was injured on 11/29/99 sustaining chronic low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include lumbago and psychophysiological disorder. Clinical note dated 04/18/14 indicated the injured worker complains of bilateral low back pain, with radiation to both legs. Pain level was rated as 3-4/10, with pain level at 7-8/10 at its worst. The injured worker reported an incident 2 weeks before where a suitcase dropped in to her arms and caused her significant increase in pain to bilateral low back with radiation of pain in to the left buttock and left leg in to the toes (bottom of foot). She also complains of pain associated with increased pain. Before this incident, the injured worker indicated she was doing well. Medications include Norco, 10/325mg, Flector patches, and Zofran tab. There was no physical examination in the documentation provided. The injured worker received trigger point injection in the left lumbar region during this visit. The most recent clinical note dated 07/16/14 the injured worker presents with bilateral low back pain, radiating to buttocks, posterior thighs and dorsum of both feet. The pain was described as aching, with pain score of 9/10 without medication and goes down to 5/10 with medication. With associated tingling in the left lower extremity. Pain is aggravated by sitting and standing, and alleviated by medication, position change, and lying down. Clinical notes indicated the previous trigger point injection did not provide any pain relief. Medications include Percocet 10-325mg, Flector 1.3 % transdermal patch, and Zofran 4mg tab. The previous requests for Flector dis 1.3%, #60, day supply 30, refill 1 and Ondansetron 4mg tab, #60, refill 1, day supply 10 were non-certified on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3% #30 x 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version > < Pain (Chronic) > < Flector patch >

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication in the documentation that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for this medication, Flector Dis 1.3%, #30 x 1 refill, is not medically necessary.

Ondansetron Tab 4mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , online version > < Pain (Chronic) > < Antiemetics (for opioid use)

Decision rationale: Per the United States Food and Drug Administration and the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, as well as postoperative use. Acute use is also FDA-approved for gastroenteritis. As the patient does not meet the established medical guidelines, the request for Ondansetron HCl 4 mg, #60 x 1 refill, is not medically necessary.