

<b>Case Number:</b>	CM14-0142227		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury April 7, 2010. A utilization review determination dated August 22, 2014 recommends non-certification of diclofenac/lidocaine topical compound and hydrocodone/acetaminophen/ondansetron. A progress report dated March 20, 2014 identifies subjective complaints of persistent low back pain and bilateral knee pain. The note indicates that tramadol lowers the patient's pain and Restoril is used for sleep. Objective examination findings revealed tenderness to palpation in the paraspinals, positive straight leg raise, decreased strength bilaterally, and decreased sensation bilaterally. The diagnoses include lumbar strain with facet hypertrophy, right lower extremity radicular pain, right knee status post arthroscopy, post traumatic arthrosis of the right knee, left knee mild degenerative joint disease, and sexual dysfunction due to pain. The treatment plan recommends hydrocodone/acetaminophen and a urinalysis. A progress note dated February 13, 2014 recommends using topical salicylate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/lidocaine (3%/5%) #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 OF 127.

**Decision rationale:** Regarding request for a topical compound, the requested topical compound is a combination of Diclofenac and Lidocaine. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that 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 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical Lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy, and not recommended in non-patch form. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Finally, it appears that the Lidocaine is in non-patch form. As such, the currently requested topical compound is not medically necessary.

**60 Hydrocodeone/apap/onansetron (7.5/300/2mg): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792. Page(s): 76-79, 120 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter, Antiemetics

**Decision rationale:** Regarding the request for hydrocodone/acetaminophen/ondansetron, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the hydrocodone is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). Additionally, there is no indication that the patient has nausea as a result of any of the diagnosis for which ondansetron would be indicated. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested hydrocodone/acetaminophen/ondansetron is not medically necessary.

