

Case Number:	CM14-0168110		
Date Assigned:	10/15/2014	Date of Injury:	09/15/2002
Decision Date:	12/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56-year old male who was injured on 9/15/2002 during a motorcycle accident. He was diagnosed with bilateral knee osteoarthritis with associated pain, bilateral shoulder pain, bilateral elbow pain, cervical pain, and lumbar pain. He was treated with physical therapy, orthotics, Synvisc injections, and oral and topical medications. On 8/27/14, the worker was seen by his primary treating physician complaining of his chronic bilateral knee pain, which was the same since his last office visit, reportedly. He also reported continual lumbar pain. Physical findings included tenderness of both knees. He was then referred to a pain specialist but also recommended orphenadrine/caffeine, gabapentin/pyridoxine, omeprazole/flurbiprofen, flurbiprofen/cyclobenzaprine/menthol cream, Keratek gel, diclofenac/lidocaine, and hydrocodone/ondansetron (Vicosetron).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicl/Lido/ 3%/5% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Any combination topical product which includes a non-recommended drug or drug class is not recommended. In the case of this worker, there was a recommendation for the worker to use multiple medications, oral and topical upon recommendation to see a pain specialist. There was no documented evidence which showed the worker having current neuropathic pain or evidence of him having failed a trial of first-line therapy for neuropathic pain which would be required before considering use of lidocaine. Therefore, due to diclofenac/lidocaine having lidocaine as an ingredient, it is considered not medically necessary.

Vicosetron 10/300/2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 08/04/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Anti-emetic use for opioid-induced nausea, Zofran

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, there was insufficient evidence to suggest this full review was completed at the time of the request to use Vicosetron. There was no evidence to show any benefit functionally if he had been using this medication beforehand, which is not clear based on the documents provided. Also, there seems to be no justification for the ondansetron medication within this combination drug, according to the notes. Also, there is

no evidence which suggests a combination drug such as Vicosetron is more effective than its individual ingredients. Therefore, considering all of the above, the Vicosetron is not medically necessary.