

Case Number:	CM14-0179699		
Date Assigned:	11/04/2014	Date of Injury:	03/09/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 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:

The injured worker is a 65-year-old female who reported an injury due to a trip and fall on 03/09/2012. On 10/10/2014, her diagnoses included right knee pain; history of right patella fracture; degenerative joint disease, right knee; left wrist pain; clinically consistent left cervical radiculopathy; and left shoulder adhesive capsulitis. Her medications included Zofran 4 mg for nausea due to pain and medication use and Zorvolex 35 mg for inflammation and pain/intolerance to oral NSAIDs and GI intolerability. Her complaints included persistent neck pain radiating into her left TMJ (Temporo-Mandibular Joint) area. She rated her pain at 7/10 without medication and 5/10 with medication. Her neck pain was increased with movements causing headaches and dizziness. She had intermittent numbness down her arm. It was noted that topical Flector patch was not very helpful for her. A Request for Authorization dated 10/25/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran (Ondansetron) 4mg, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain 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, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran (Ondansetron) 4mg, #45 is not medically necessary. Per the Official Disability Guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. As with other antiemetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that the nausea and/or vomiting will occur postoperatively. There is no documentation submitted that this injured worker was being treated with cancer chemotherapy, full body or single dose irradiation or that she was a candidate for surgery with a high expectation of postoperative nausea and vomiting. Additionally, there was no frequency specified. Therefore, this request for Zofran (Ondansetron) 4mg, #45 is not medically necessary.

Flector Patch (Diclofenac Epolamine) #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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Flector patch (diclofenac epolamine) #30 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for short term use (4 to 12 weeks). The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. The guidelines do not support the use of this patch. Additionally, the body part or parts that were to have been treated and frequency were not specified. Furthermore, it was noted in the submitted documentation that Flector patches were not very effective for this injured worker. Therefore, this request for Flector patch (diclofenac epolamine) #30 is not medically necessary.