

Case Number:	CM15-0125289		
Date Assigned:	07/09/2015	Date of Injury:	01/11/2011
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female who sustained a work related injury January 11, 2011. While driving over ice, she experienced a rollover motor vehicle accident, injuring her collarbone on the left with residual chronic neck pain, and over time, numbness and weakness of the right upper extremity. Over the course of care she received conservative treatment with physical therapy and spinal injections, underwent a nerve conduction study, and was diagnosed with a cervical disc herniation at C5-6. Past history included C5-C6 ACDF (anterior cervical discectomy and fusion) and disc arthroplasty, July 31, 2014, peptic ulcer disease, and bipolar disorder. According to a treating physician's progress notes, dated June 15, 2015, the injured worker presented with neck pain. She continues to work out focusing on core strength with the right side noted to be much weaker. Current medications included Lidocaine patch, Methocarbamol, Percocet, Zofran, Alprazolam, Prilosec, Restoril, and Zoloft. Physical examination revealed; gait and movements are within baseline; neurologically intact without apparent gross deficiencies. Diagnoses are cervicgia; cervical disc displacement without myelopathy; arthrodesis status; chronic gastric ulcer with hemorrhage without obstruction. At issue, is the request for authorization of Lidocaine 5% patch and Zofran Odt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch 700mg/patch 1 daily #30 refills 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for lidocaine patch, CA MTUS states that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Given all of the above, the requested lidocaine patch is not medically necessary.

Zofran odt 8mg tablet 1 daily prn #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 (ODG), Treatment Index, 13th Edition (web) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron (Zofran), 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 patient has nausea as a result of any of these diagnoses. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.