

Case Number:	CM15-0171391		
Date Assigned:	09/11/2015	Date of Injury:	10/29/2009
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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(n) 67-year-old female, who sustained an industrial injury on 10-29-09. The injured worker was diagnosed as having post lumbar laminectomy syndrome and opioid dependence. Treatment to date has included Cymbalta, Lyrica, Diclofenac, Omeprazole, Lidoderm and Ondansetron. The injured worker was hospitalized from 5-24-15 through 5-30-15 due to abdominal pain and low blood count. As of the PR2 dated 7-1-15, the injured worker reports pain in her head, neck, mid-back, right shoulder and right hand with radiation to right arm. The pain is relieved with medications, elevation and lying down. Objective findings include lumbar forward flexion is 30 degrees, extension is 10 degrees and side bending is 10 degrees on the right and 15 degrees on the left. There is also a positive straight leg raise test on the left in the seated position to 50 degrees, diminished sensation in the left L5 and S1 dermatomes and 5 out of 5 motor strength throughout the bilateral lower extremities. The treating physician requested Lidoderm 5% patch #30 and Ondansetron 8mg #30. On 7-27-15, the treating physician requested a Utilization Review for Lidoderm 5% patch #30 and Ondansetron 8mg #30. The Utilization Review dated 8-3-15, non-certified the request for Lidoderm 5% patch #30 and Ondansetron 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #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 Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Ondansetron 8 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons, the request is not medically necessary.

