

Case Number:	CM15-0175264		
Date Assigned:	09/16/2015	Date of Injury:	11/26/2001
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old female sustained an industrial injury on 11-26-01. The injured worker is being treated for lumbar post-laminectomy syndrome. Treatments to date include MRI testing, back and shoulder surgery, physical therapy and prescription medications including Ibuprofen, Hydrocodone, Lidoderm and Voltaren gel. The injured worker has continued complaints of numbness and swelling in both hands as well as tingling running from the back and neck down the arms. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination, the injured worker is anxious and agitated, musculoskeletal examination was negative. A request for Voltaren gel 1% qty 200.00 with 1 refill and Ondansetron 4mg qty 60.00 with 3 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% qty 200.00 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient is a 52 year old female with an injury on 11/26/2001. She had lumbar pain post laminectomy and she also had shoulder surgery. She is opiate dependent and has also been taking oral NSAIDS and Lidoderm patch. MTUS, Chronic Pain notes that topical NSAIDS are supported by inconsistent, small clinical trials for only short-term use. They are only superior to placebo in most studies for the first two weeks and this patient has been using Voltaren gel for months to years. MTUS notes that there is little evidence to use topical steroids for back pain or shoulder pain. Also, specific to this case, there is no documentation that the addition of topical NSAIDS provides any additional efficacy for patients already taking oral NSAIDS and opiates. Therefore, the request is not medically necessary.

Ondansetron 4mg qty 60.00 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved package insert, Zofran.

Decision rationale: The patient is a 52 year old female with an injury on 11/26/2001. She had lumbar pain post laminectomy and she also had shoulder surgery. She is opiate dependent and has also been taking oral NSAIDS and Lidoderm patch. Zofran (Ondansetron) is FDA approved treatment for the treatment of nausea and prevention of emesis in postoperative patients, cancer patients receiving chemotherapy and cancer patients receiving radiation therapy. The use of Zofran in patients with chronic back/shoulder pain is not FDA approved treatment and is experimental and investigational treatment. It is not medically necessary for this patient.