

Case Number:	CM13-0020315		
Date Assigned:	10/11/2013	Date of Injury:	12/14/2000
Decision Date:	01/27/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice Florida. 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 physician 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.

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 patient is a 47-year-old female who reported an injury on 12/14/2000. The mechanism of injury was not provided for review. The patient underwent a discectomy and fusion at the L5-S1 level. She continued to have chronic back pain. An MRI revealed disc protrusion at the L4-5 extending and causing narrowing in the left neural foramina with facet arthropathy at the L4-5 level. The patient underwent and EMG/NCV which did not reveal any evidence of radiculopathy or neuropathy. The patient's chronic pain continued to be managed with injections and medications. The patient underwent a medial branch block that provided 60% to 70% pain relief. The patient was regularly monitored for aberrant behavior through urine drug screens. The patient's most recent medication schedule included Dilaudid 8 mg 1 three times a day as needed for pain, Xodol 10/300 mg every 4 to 6 hours as needed, Soma 350 mg 1 twice a day as needed, and Zofran 8 mg every 12 hours. The patient's physical exam revealed the patient's chronic pain rated at 6/10 with medications and a 10/10 without medications. Physical examination of the lumbar spine revealed restricted range of motion described as 14 degrees on forward flexion, 15 degrees on hyperextension, 15 degrees in right lateral bending, 15 degrees in left lateral bending, and positive bilateral sciatic notch tenderness with a positive bilateral straight leg raising test and decreased strength in the left lower extremity with decreased sensation in the L4, L5 and S1 dermatomes. The patient's diagnoses included facet arthropathy of the lumbar spine, disc displacement without myelopathy in the lumbar spine, lumbar radiculopathy, degenerative disc disease of the lumbar spine, postlaminectomy syndrome in the lumbar region, and lumbago. The patient's treatment plan was to continue Xodol 10/300 mg and Zofran 8 mg, continuation of the home exercise program, and a confirmatory medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #20: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation . Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, Antiemetics.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review does provide evidence that the patient has gastrointestinal disturbances related to medication usage. In addition, the Official Disability Guidelines do not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Official Disability Guidelines state that Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation, postoperative use, and acute use for gastroenteritis. The clinical documentation submitted for review does provide evidence that the patient's gastrointestinal side effects are related to opioid usage. Since this is not an indication for the requested medication, Zofran 8 mg is not medically necessary or appropriate.

Xodol 10/300mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The requested Xodol 10/300 mg #180, is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is receiving significant pain relief or functional benefit from the requested medication. California Medical Treatment Utilization Schedule recommends that continued use of opioids for the management of chronic pain be supported by functional benefit, symptom response, management of side effects, and evidence of monitoring for aberrant behavior. The clinical documentation submitted for review does state that the patient does not feel this medication is providing any functional benefit.