

Case Number:	CM13-0030353		
Date Assigned:	11/27/2013	Date of Injury:	11/23/1992
Decision Date:	01/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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. 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 patient is 53 year old male with injury from 11/23/92. The list of diagnoses per provider's reports are s/p L4-5 fusion; multilevel lumbar facet arthropathy; L2-4 bilateral foraminal stenosis; s/p C5-6 fusion with adjacent segment diseases; failed low back surgery syndrome; chronic high dose opiates, chronic depression; chronic pain; left SI joint dysfunction. The patient's pain is 3-8/10, increased muscle spasms recently, numbness and tingling in the legs. He is on Methadone 10mg bid, Oxycontin 40mg tid, Lyrica, Senna, Cymbalta. The medications help with function but without meds he is unable to get out of bed. (8/26/13 report) The report dated 8/1/13 notes that the patient is on Zofran for nausea. The patient has failed spinal cord stimulator. A Toradol IM injection was given for a flare-up. The report dated 7/8/13 notes while body pain, waiting for left SI injection, 5-6/10 on pain scale. The patient was given Zofran for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron HCL 4mg #30 for the low back: Upheld

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

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

Decision rationale: This patient suffers from chronic neck and low back pain with fusion surgeries of both neck and low back. The patient is on a long list of medications and for opiates, Methadone 10mg three a day, and Oxycontin 40mg three a day. The patient is prescribed Zofran "for nausea" but the provider does not delineate why the patient is having nausea. It is assumed that the opiates are causing the patient's nausea. However, if patients experience persistent nausea, other etiologies should be sought (such as Diabetic gastroparesis) as opiates rarely cause chronic nausea. In this patient, there is no discussion regarding why and how often the patient experiences nausea. The Official Disability Guidelines (ODG) states that when antiemetic is used for opiates causes' nausea, it should be used for short-term only, and if nausea persists, investigate for other causes. The California MTUS and ACOEM guidelines do not discuss opiate induced nausea and it's treatments.