

<b>Case Number:</b>	CM13-0045372		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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:

This is a 51 year-old male with a 3/22/02 industrial injury claim. According to the 9/10/13 pain management report from [REDACTED], the patient presents with low back pain radiating down both legs, and it has been tolerable since SCS implant on 4/8/13. With the SCS he was able to decrease his pain medications from 15 Percocet/day to 3-4 Norco/day. His diagnoses include: lumbar post-laminectomy syndrome; s/p L4/5 and L5/S1 A-P interbody fusion with subsequent hardware removal 2004-2005; left shoulder internal derangement, s/p open RCR and acromioplasty; BLE radiculopathy, L>R; sexual dysfunction/impotence secondary to anterior fusion; reactionary depression/anxiety; medication induced gastritis; left abdominal wall hernia; left ilioinguinal nerve and genitofemoral nerve entrapment syndrome; lumbar SCS implant on 4/8/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with interdisciplinary functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

**Decision rationale:** MTUS provides criteria for functional restoration programs: "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." For Negative predictors of success, MTUS states: "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain" The physician discusses items (1) through (5), but does not discuss the 9 items under #(6) negative predictors of success. MTUS states all criteria (1) through (6) must be met. The request is not in accordance with MTUS guidelines.

**Retrospective Zofran ODT 8mg #10 dispensed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

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

**Decision rationale:** The 9/10/13 report states the patient requires Norco to function throughout the day, and he has anxiety and nausea as it relates to his medications. MTUS/ACOEM did not discuss Zofran, so ODG guidelines were consulted. ODG specifically states Zofran is: "Not recommended for nausea and vomiting secondary to chronic opioid use" The use of Zofran is not in accordance with ODG guidelines.