

Case Number:	CM13-0045419		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2011
Decision Date:	05/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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 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/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 an employee of [REDACTED] and has filed a claim for lumbar spine sprain/strain associated with industrial injury date of September 9, 2011. Treatment to date has included oral pain medications, epidural steroid injection, and physical therapy. Medical records from 2013 were reviewed showing the patient undergoing epidural steroid injection in September 2013. Progress note from September 5, 2013 is hand written and parts are illegible. The patient continues to complain of low back pain. Physical exam demonstrated lumbar spine paravertebral muscle spasms and tenderness. The patient has a positive SLR test on the left with symptoms radiating to the L5-S1 distribution. Utilization review from October 21, 2013 denied the requests for prospective and retrospective Norco due to no evidence of functional gains from the use of this medication. Retrospective and prospective request for cyclobenzaprine were denied due to no evidence of subjective and/or functional benefit. The retrospective and prospective requests for Zofran were modified due to current complaints for nausea. The urine drug screen was modified to one testing period.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ZOFRAN 8MG, #30 (DOS: 9/12/2013):: 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 , PAIN CHAPTER, ANTIEMETICS (FOR OPIOID NAUSEA), AND ONDANSETRON.

Decision rationale: The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the patient was prescribed Zofran in September 2013 due to an upcoming epidural steroid injection. However, the request does not indicate a frequency of intake. While it is appropriate for postoperative use for the epidural steroid injection, the amount being dispensed does not clearly indicate the duration of use. Therefore, the retrospective request for Zofran is not medically necessary.

PROSPECTIVE REQUEST FOR ZOFRAN 8MG, #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, PAIN CHAPTER, ANTIEMETICS (FOR OPIOID NAUSEA), AND ONDANSETRON.

Decision rationale: CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the patient was prescribed Zofran in September 2013. However, a prospective request for Zofran is not appropriate as there is no outcome report from the initial use. There was no documentation that the initial use was efficacious or that the patient continues to complain of nausea and vomiting. Therefore, the prospective request for Zofran is not medically necessary.

RETROSPECTIVE REQUEST FOR NORCO 10/325MG, #60 (DOS: 9/05/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID USE FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Norco since

2012. However, the documentation did not provide evidence of functional gains such as improved ability to perform activities of daily living or decreased pain scores from the use of this medication. Therefore, the retrospective request for Norco is not medically necessary.

PROSPECTIVE REQUEST FOR NORCO 10/325MG, #60:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID USE FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Norco since 2012. However, the documentation did not provide evidence of functional gains such as improved ability to perform activities of daily living or decreased pain scores from the use of this medication. Therefore, the prospective request for Norco is not medically necessary.

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG, #60 (DOS: 9/05/2013):: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option for a short course of therapy in the management of back pain. In this case, the patient has been using cyclobenzaprine since 2012. Long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for cyclobenzaprine is not medically necessary.

PROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG, #60:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option for a short course of

therapy in the management of back pain. In this case, the patient has been using cyclobenzaprine since 2012. Long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the prospective request for cyclobenzaprine is not medically necessary.

A URINE DRUG TEST:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTERS ON URINE DRUG SCREENING..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON DRUG TESTING Page(s): 43.

Decision rationale: As stated on page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient has been taking opioids since 2012. However, there has been no discussion concerning the patient's high risk status for aberrant drug behavior. Therefore, the request for a urine drug test is not medically necessary.