

Case Number:	CM13-0063927		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2004
Decision Date:	06/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal and Emergency Medicine and is licensed to practice in 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 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:

This patient is a 56 year-old with a date of injury of 01/07/04. A progress report associated with the request for services, dated 08/20/13, identified subjective complaints of low back pain and neck pain. The patient was noted to have aggravation of GERD symptoms due to chronic opioid therapy. Objective findings included spasm of the musculature of the cervical spine and decreased sensation of the left upper extremity. Diagnoses included cervical and lumbar radiculopathy. Treatment has included lumbar fusion in March of 2013. He also remains on chronic opioid therapy as well as a PPI for GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 4 MG, 1 TAB BID FOR NAUSEA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ONDANSETRON; ANTIEMETICS.

Decision rationale: Zofran (ondansetron) is a serotonin 5-HT3 receptor antagonist used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the

use of antiemetics or Zofran specifically. The Official Disability Guidelines (ODG) state that ondansetron is not recommended for nausea and vomiting secondary to opioid use. Likewise, it is only FDA-approved for nausea and vomiting secondary to chemotherapy, postoperative use, and gastroenteritis. The medical record does not document any of the above indications and therefore the medical necessity for ondansetron in this case.

LUNESTA FOR SLEEP DIFFICULTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine pyrrolopyrazine derivative. It is a benzodiazepine-receptor agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address Lunesta. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that Lunesta (eszopiclone) is recommended for short-term treatment of insomnia, but not recommended for long-term use. They note that eszopiclone has multiple side effects and adults who use eszopiclone have a greater than 3-fold increased risk for early death. In this case, Lunesta has been used beyond the short-term. Therefore, the record does not document the medical necessity for Lunesta.