

<b>Case Number:</b>	CM13-0064611		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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:

This patient is a 61-year-old female with a date of injury of 02/02/2010. The listed diagnoses per [REDACTED] dated 11/07/2013 are: (1) Lumbar post laminectomy syndrome, (2) low back pain, (3) chronic pain syndrome, (4) opioid dependence, (5) nausea due to pain medication, (6) hypertension, (7) depression, (8) Crohn's disease. According to report dated 11/07/2013, the patient presents with complaints of back pain which radiates down the left leg. It was noted the patient's pain ranges from a 7-10/10 in severity. The pain was noted as throbbing and constant. It was noted that the patient is positive for nausea, anxiety, and diarrhea. Examination reveals positive bilateral lumbar paraspinal muscle tenderness with decreased range of motion. The treater is requesting refill of medication and caudal epidural steroid injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT 8mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 49, c7, 82-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**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 presents with continued complaints of back pain. The treater is requesting Zofran for patient's "nausea and vomiting." The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic "recommended for acute use." As noted per FDA approval indications Ondansetron (Zofran) states, "This drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment." In this case, the treater is requesting Zofran for patient's nausea and vomiting due to pain medications. As indicated by ODG and FDA, this medication is recommended for acute phase following surgery. The recommendation is for denial.

**Ondansetron 8mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 49, c7, 82-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**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 presents with continued complaints of back pain. The treater is requesting Ondansetron 8 mg #60. This medication is the generic name for Zofran. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic "recommended for acute phase for post-surgery nausea or vomiting." Treater is requesting this medication for patient's nausea and vomiting due to pain medication. Recommendation is for denial.

**Fentanyl 50mcg/hour patch #15 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 60.

**Decision rationale:** This patient presents with continued complaints of back pain. The treater is requesting fentanyl 50 mcg #15 patches. The MTUS Guidelines page 44 states regarding fentanyl transdermal system "not recommended as a first line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly through the skin." This patient has been using Fentanyl patches since 03/04/2013 concurrently with Norco. Utilization review dated 11/27/2013 denied Fentanyl and approved Norco. MTUS guidelines page 60, requires documentation of pain assessment and functional changes when medications are used for chronic pain. In his progress reports, the treater does utilize a Visual analog pain scale to rate patients current pain; however, there are no discussions of functional improvement or any mention of how this medication helps in terms of pain relief.

The efficacy of this medication is unknown. Recommendation is for denial and slow weaning per MTUS.

**Soma 350mg #90 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient presents with continued complaints of back pain. The treater is requesting Soma 350 mg #90 for patient's muscle spasms. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The treater is requesting Soma 350 mg #90 for muscle spasms. Muscle relaxants are recommended for short-term use only, and recommendation is for denial.

**Caudal epidural steroid injection with Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46 and 47.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting a caudal epidural injection with fluoroscopy. The MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment of radicular pain defined as pain in a "dermatomal distribution with corroborative findings of radiculopathy." In this case, in the review of reports from 03/04/2013 to 11/07/2013, include no documentations of dermatomal distribution of symptoms that are corroborated with imaging and/or electrodiagnostic testings. As stated in report dated 11/07/2013 the patient complains of low back pain that radiates down the left leg. However, physical examination shows muscle spasms in the back with decreased range of motion and full range of motion of the low extremities. There are no discussion of dermatomal distribution of pain or paresthesia, SLR, or any sensory changes, which are required by MTUS. Furthermore, there are no MRIs or EMGs to corroborate the findings of radiculopathy. Recommendation is for denial.