

<b>Case Number:</b>	CM14-0007377		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

Patient is a 46-year-old female who has submitted a claim for knee joint pain, knee osteoarthritis, meniscus medial tear, chondromalacia patellae, knee sprain associated with an industrial injury date of 4/2/2004. Medical records from 2012-2013 were reviewed which revealed consistent left knee pain graded 7/10. This is aggravated by standing and walking accompanied by crepitus and swelling. Physical examination showed tenderness in the left knee. Extension and flexion of the knee cause discomfort. Apley and McMurray tests were positive. Treatment to date has included, knee Supartz injection, TENS, knee surgery and exercise program. Medications taken include, SOMA 350mg, Bupropion HCL 100 mg, Flector Patch, Hydrocodone 10/325mg, Promethazine 25mg, Topamax, MS Contin, Nabumetone 750mg, Flurbiprofen Cream and Ondansetron 8 mg. Utilization review from 1/8/2014 denied the requests for Hydrocodone 10/325mg (Norco) #90, MS Contin 15mg #90 and Ondansetron 8mg (Zofran) #10. Hydrocodone and MS Contin were denied because patient gets nauseous that is related to these medications. No functional improvement was noted with the use of these medications. Ondansetron was denied because antiemetic is not supported by the guidelines for narcotic side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325 (NORCO) #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 5/14/2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for HYDROCODONE 10/325 (NORCO) #90 is not medically necessary.

**MS CONTIN 15MG (LONG ACTING MORPHINE) TABLET #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on MS Contin since at least 5/14/2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MS CONTIN 15MG (LONG ACTING MORPHINE) TABLET #90 is not medically necessary.

**ONDANSETON 8MG (ZOFTRAN) #10:** Upheld

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

**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, Antiemetic's (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, Ondansetron was prescribed since May 2013. The documented rationale is for opioid-induced nausea. However, guidelines clearly do not recommend it for such indication. Therefore, the request for ONDANSETON 8MG (ZOFTRAN) #10 is not medically necessary.