

<b>Case Number:</b>	CM14-0009369		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/24/2002
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Anesthesiology and is licensed to practice in Tennessee. 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 a 43-year-old male who has submitted a claim for knee joint pain, shoulder pain, headache, chondromalacia patella, neck pain, acromioclavicular joint pain, low back pain, medial meniscus tear, and lumbar facetal syndrome, associated with an industrial injury date of August 24, 2002. Medical records from 2013 were reviewed. The latest progress report, dated 12/20/2013, showed 9/10 pain in the left knee, left shoulder, and the low back. There was also burning and achy, with some sharp pain in the upper back near the neck. The physical examination revealed diffuse tenderness over the shoulder with restricted range of motion. There was diffuse tenderness over the left knee, particularly in the anteromedial region of the knee with slight swelling but no effusion, discoloration, or heat. The treatment to date has included bilateral knee arthroscopy and medications such as MS Contin since May 2012 and Ondansetron since December 2013. The utilization review from 01/10/2014 denied the request for the purchase of Ondansetron 8mg #10 because it was prescribed for nausea from pain medications. The guidelines clearly stated that it was not recommended for this use. The request for MS Contin 15mg #60 was denied because the records revealed no quantifiable improvement in pain or function with its use. The patient was recommended to be weaned from this medication and it was not reasonable to restart the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF ONDANSETRON 8MG #10:** 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), Pain (Chronic), Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. Food and Drug Administration, Drug Safety Information, Ondansetron.

**Decision rationale:** The California 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 U.S. Food and Drug Administration, Drug Safety Information was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, Ondansetron was prescribed since December 2013 for nausea associated with intake of Topiramate. However, this is not labeled, FDA-supported use of the medication. In addition, the medical records submitted and reviewed do not provide evidence for any subjective complaints of nausea. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Ondansetron 8mg #90 is not medically necessary.

**1 PRESCRIPTION OF MS CONTIN 15MG #60:** Upheld

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

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

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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 was initially on MS Contin since May 2012; however, it was shifted into Norco on October 2013. MS Contin was re-prescribed on December 2013 particularly when Norco was denied in a previous utilization review. The most recent medical reviews revealed the medications offered partial help only. There was no documentation of improvement in functional activities. The guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for MS Contin 15mg #60 is not medically necessary.