

Case Number:	CM14-0100931		
Date Assigned:	07/30/2014	Date of Injury:	01/18/2011
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Environmental Medicine and is licensed to practice in West Virginia. 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 44 year old man with a 1-18-11 date of industrial injury. The patient suffers from low back pain with left sided sciatic pain, which he rates at an 8 out of 10 pain scale (subjective). He has failed physical therapy and epidurals, according to his physician. Examination May 30, 2014 demonstrates tenderness, decreased range of motion with pain, tremors of both legs, positive straight leg test bilaterally, antalgic gait, weakness of the extensor hallucis longus bilaterally and decreased sensation in the left L4, L5 and S1 dermatomes. He has constant leg twitching, as well (objective). Current medications are Oxycodone 20mg (every 4 hours PRN); Omeprazole 20 mg (daily); Lyrica 150 mg (3 times a day); Ondansetron 8mg (daily PRN); Valium 10mg (per psychiatry); Temazepam and Lexapro (per psychiatry). It is noted that the individual has been diagnosed with depression/ anxiety and has attempted suicide. The individual is currently receiving psychiatric care. The utilization review 6-10-14 was not certified for a trial with a spinal cord stimulator, Oxycodone HCL 20 mg #180, and Ondansetron 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-106.

Decision rationale: The California MTUS recommends Spinal Cord Stimulators (SCS'S) in instances when less invasive procedures have failed, or are contraindicated, for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I. ODG defines that FBSS is persistent pain in patients that have undergone at least 1 previous back operation. Furthermore, PCS are said to be more helpful with lower extremity pain than with lower back pain, but both stand to benefit. SCS for treatment of FBSS has demonstrated a 74% long-term success rate (Kumar 2006). SCS for the treatment of FBSS has shown better effectiveness than reoperation and it is cost-efficient long-term. The individual had a lumbar surgery 7-9-13 which did not decrease his symptoms of pain. He has also tried more conservative methods of pain control, including NSAIDS, opioids, physical therapy, home exercise with stretching and heat, epidural injections to the lumbar spine; and a medial branch block to L3, L4, and L5. The medial injection caused only temporary relief while the other methods have failed. This individual meets the California MTUS recommendations for a SCS TRIAL. Therefore this request is medically necessary.

Oxycodone HCl 20mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure agonist opioid. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; increased level of function; are all things that should be included in the pain assessment. A positive and effective response to the medication may be improved quality of life, decreased pain, and increased function level. Per medical record review, his pain is 8 out of 10, currently, despite the use of Oxycodone. The physician does not adequately document his responses to treatment or whether he has had any functional improvement or improved quality of life. As such the question for Oxycodone 20 mg, #180 is not medically necessary.

Ondansetron 8mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). The individual is currently taking Oxycodone, an opioid analgesic. ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation or experiencing post-operative care. As such the request for Ondansetron hcl 8mg, #30 is not medically indicated.