

<b>Case Number:</b>	CM14-0110631		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 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 53-year-old female with date of injury of 06/22/2007. The listed diagnoses per [REDACTED] dated 04/14/2014 are: 1. Lumbar postlaminectomy syndrome. 2. Thigh pain. 3. Low back pain. 4. Psychophysiologic disorder. According to this report, the patient complains of thigh pain, headache, low back pain, and lower extremity pain. The physical exam shows the patient ambulates with a single point cane. She has a slight antalgic gait. Her reflexes were 2+ in the knees, but absent in the ankles. No other findings were noted on this report. The utilization review denied the request on 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mgg (1) tablet every 6 hours for 30 days #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : On-Going Management Page(s): 78.

**Decision rationale:** This patient presents with thigh pain, headache, and low back pain. The treating physician is requesting Percocet 5/325 mg, quantity 120. For chronic opiate use, the

MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient was prescribed Percocet on 01/09/2014. However, it is unclear if the patient utilized this medication prior to this report. The treating physician does not provide before and after analgesia, no specifics regarding ADLs to denote significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by the MTUS Guidelines. There are no discussions regarding adverse side effects and adverse drug-seeking behavior such as a urine drug screen. Given the above the request is not medically necessary.

**Zofran 4mg (1) tablet every 8 hours as needed for 30 days #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, Ondansetron.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG), Ondansetron (Zofran®).

**Decision rationale:** This patient presents with thigh pain, headache, and low back pain. The treating physician is requesting Zofran 4 mg, quantity 90. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines do not support anti-emetics for nausea and vomiting due to chronic opiate use. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery, and for acute use for gastroenteritis. This patient does not present with any of these conditions. The treating physician does not explain why this medication is prescribed in addition to omeprazole. Given the above the request is not medically necessary.

**Omeprazole 20mg (1) capsule twice a day for 30 days #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient presents with thigh pain, headache, and low back pain. The treater is requesting omeprazole 20 mg, quantity 60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended for precaution to determine if the patient is at risk for gastrointestinal events: (1) Ages greater than 65; (2) History of peptic ulcer, GI bleed, or perforation; (3) Concurrent use of ASA, corticosteroids, and anticoagulants; and (4) High dose multiple NSAIDs. The records show that the patient has been

taking omeprazole since 01/09/2014. However, none of the 111 pages of records document any side effects from medications or other diagnoses of the GI system that would require the use of omeprazole. MTUS does not recommend the routine use of PPIs with no documentation of GI risk assessment. Recommendation is for denial.