

Case Number:	CM14-0111498		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2001
Decision Date:	09/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 65-year-old male with a 9/17/01 date of injury. On 7/7/14, there was a Request for Authorization for Alcohol Testing x 4 on a quarterly basis and Ondansetron 8mg #30. At that time, there was documentation of subjective complaints of chronic low back pain and objective findings of tenderness to palpation over the lumbar paraspinous area with decreased range of motion in all planes. Current diagnoses include lumbar radiculopathy, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and chronic pain syndrome, and treatment to date has included medications (Norco, Cymbalta, and Ibuprofen) and physical modalities. In addition, a medical report identifies a request to start Ondansetron and indicates that the patient denies alcohol use and is not an alcoholic. Regarding alcohol testing on a quarterly basis, there is no documentation of aberrant drug behavior (defined as behavior that suggests the presence of substance abuse or addiction) or of signs that the patient is at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Regarding Ondansetron 8mg #30, there is no documentation of a condition or diagnosis (with supporting subjective/objective evidence) for which Ondansetron is indicated (such as nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and/or acute gastroenteritis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol Testing x 4 on a quarterly basis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Urine drug testing (UDT) and Opioids, screening tests for risk of addiction & misuse.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG recommends testing for ethanol use and screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior (defined as behavior that suggests the presence of substance abuse or addiction) prior to initiating opioid therapy and with ongoing therapy. In addition, ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction; 2 to 3 times a year for patients at "moderate risk" of addiction & misuse; and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and chronic pain syndrome. In addition, there is documentation of ongoing opioid therapy. However, given documentation that specifically states the patient denies alcohol use and is not an alcoholic, there is no evidence of behavior that suggests the presence of substance abuse or addiction or that the patient is at "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the requested Alcohol Testing x 4 on a quarterly basis is not medically necessary.

Ondansetron 8mg, quantity 30: 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) Treatment Index, 12th Edition (Web), 2014, Pain, Ondansetron (Zofran).

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).

Decision rationale: The California MTUS does not address this issue. ODG requires documentation of a condition or diagnosis for which Ondansetron is indicated in order to support the medical necessity of Ondansetron (Zofran). Examples of such are nausea and vomiting secondary to chemotherapy and radiation treatment; postoperative use; and/or acute use for gastroenteritis. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and chronic pain syndrome. In addition, there is documentation of a request to start the patient on Ondansetron. However, there is no indication of the presence of a condition or diagnosis, supported by subjective/objective findings, for which Ondansetron is indicated.

Therefore, based on guidelines and a review of the evidence, the request for Ondansetron 8mg #30 is not medically necessary.