

<b>Case Number:</b>	CM14-0114853		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 43-year-old male was reportedly injured on April 23, 2003. The mechanism of injury is listed as cumulative trauma. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain. Current medications are stated to include Norco and Flexeril. Norco is stated to decrease the injured employee's pain from 6/10 to 2/10 on the visual analog pain scale. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the lumbar paraspinal muscles. There was a positive Kemp's test bilaterally. Diagnostic imaging studies of the lumbar spine indicated L5-S1 disc re-herniation. Previous treatment includes lumbar spine surgery in 2004 and 2010, physical therapy, and aquatic therapy. A request had been made for hydrocodone/APAP/Ondansetron and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**hydrocodone/APAP/ondansetron, 10/300/2 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids: Steps to take before a therapeutic trial of opioids; Initiating therapy; On-going management. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain procedure summary last updated 06/10/2014, antiemetics (for opioid nausea) and ondansetron (Zofran).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen and ondansetron is a medication for nausea and vomiting. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/APAP/ondansetron is not medically necessary.