

Case Number:	CM14-0162260		
Date Assigned:	10/07/2014	Date of Injury:	08/19/2004
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 19, 2004. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 10, 2014, the claims administrator approved a request for Pamelor, Neurontin, and Norco, modified a request for Opana, and denied a request for Ondansetron. The applicant's attorney subsequently appealed. In a progress note dated September 30, 2014, the applicant was given refills of Gabapentin and Pamelor, without much in the way of narrative commentary. The applicant's work status was not furnished. In a September 2, 2014 progress note, the applicant reported persistent complaints of low back pain, 7-9/10. Radicular pains likewise persisted. The applicant was not working, it was acknowledged. The applicant was apparently employing Ondansetron for opioid-induced nausea, it was acknowledged. The applicant posited that his ability to perform housework, dress himself, perform personal grooming, and stand were all ameliorated as a result of ongoing medication usage, including ongoing Opana usage. The applicant's BMI was 26. Multiple medications were renewed, including Zofran for opioid-induced nausea. The applicant had a urine drug screen which was positive for opioids, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Hcl 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), Integrated Treatment/disability Duration Guidelines, Pain (chronic) updated 03/27/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. By implication, then, the attending provider's usage of Ondansetron to combat issues with opioid-induced nausea represents a non-FDA labeled purpose. The attending provider did not, however, furnish any compelling applicant-specific rationale or medical evidence so as to offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

Opana ER 40mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has reported some reduction in pain scores with ongoing medication usage, these appear to be somewhat negligible, from 9/10 to 7/10, and are, furthermore, outweighed by the applicant's failure to return to any form of work and the attending provider's failure to establish any meaningful improvements in function achieved as a result of ongoing Opana usage. The applicant's comments to the effect that he is able to get up out of bed, dress and undress himself, perform personal hygiene and grooming, etc., do not amount to material improvements in function achieved as a result of ongoing Opana usage. Therefore, the request is not medically necessary.