

Case Number:	CM14-0182735		
Date Assigned:	11/07/2014	Date of Injury:	11/13/2003
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neuromuscular Medicine, has a subspecialty in Neurology and is licensed to practice in New Jersey. 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 57-year-old man who sustained a work-related injury on November 13, 2000. Subsequently, the patient developed chronic low back pain. According to a progress report dated September 17, 2014, the patient was reported ongoing low back pain radiating to bilateral lower extremities with a severity rated at 7/10. The pain caused limitation of his activity of daily living. The patient was treated with Norco Prilosec, Terocin patch and Docuprene. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, increased deep tendon reflexes and positive straight leg raising bilaterally. The patient was diagnosed with lumbar degenerative disc disease, facet arthropathy, bilateral L5 spondylosis and severe neural foraminal narrowing. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #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), Pain Chapter, Anti-emetics for Opioid Nausea

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of

ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of chemotherapy medication induced nausea and vomiting. Therefore, the prescription of Ondansetron 4mg #30 is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal (GI) events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAID to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #120 is not medically necessary.

Hydrocodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of

daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the medical records reviewed, there is no clear documentation justifying the need for continued use of Hydrocodone as there is no evidence of pain and functional improvement. In addition, the patient has developed constipation associated with medication use. Therefore, the request for Hydrocodone/APAP 10/325mg #180 is not medically necessary.

Hydrocodone/APAP 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the medical records reviewed, there is no clear documentation justifying the need for continued use of Hydrocodone as there is no evidence of pain and functional improvement. In addition, the patient has developed constipation associated with medication use. Therefore, the request for Hydrocodone/APAP 10/325mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend use longer than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants and there is evidence of spasm. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.