

<b>Case Number:</b>	CM14-0184633		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 and is licensed to practice in Arizona and 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 injured worker is a 54-year-old male who reported an injury on 10/03/2003 due to an unspecified mechanism of injury. The diagnoses included lumbar disc disease with bilateral lower extremity radiculopathy, bilateral lower extremity radiculopathy, reactionary depression and anxiety, cervical sprain/strain syndrome nonindustrial and bilateral knee sprain/strain. The past surgeries included a L1-2 laminectomy/discectomy dated 10/2007, an IDET at the L4-5 and the L5-S1 dated 04/2004, an left ulnar nerve transposition dated 11/2007 spinal cord implant dated 09/14/2010,. The diagnostic studies included a CT of the lumbar spine, performed on 02/04/2011, which revealed central disc protrusion with moderate hypertrophic facet changes at the L3-4; a posterior disc protrusion with moderate hypertrophic facet changes at the L4-5; and a 2 mm disc protrusion with moderate hypertrophic facet changes at the L5-S1. Prior treatments included a trigger point injection, ice packs, medication, physical therapy, and stretching exercises. The medications included Valium, ibuprofen, Zofran, Lyrica, Vesicare, Aciphex, Ambien, Cymbalta, Prozac, Nuvigil, promethazine, clotrimazole/betamethasone, lido/gaba/keto topical cream, and Lidoderm patch. Objective findings of the lumbar spine, dated 10/03/2014, revealed pain with all maneuvers. The incision sites including incision over the generator site were healing well. There was no active drainage, no foul odor, and no apparent incisional erythema. Motor testing of the lower extremities revealed global weakness, left greater than right. The straight leg raise performed in a modified sitting position was significantly positive at 30 degrees bilaterally. The sensory Wartenberg pinwheel was globally decreased in the right lower extremity and decreased to the left L5 distribution. The treatment plan included [REDACTED] program, Zofran, and Dilaudid. The Request for Authorization dated 11/12/2014 was submitted within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Program:** Upheld

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

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

**Decision rationale:** The request for ██████████ Program is not medically necessary. The Official Disability Guidelines do not specifically address weight watching programs. The Official Disability Guidelines indicate that eating just 2 large meals a day, consisting of breakfast and lunch, could be the best way for people with type 2 diabetes to help control their weight and their blood sugar, according to a RCT. It has been recommended for people with type 2 diabetes to eat 5 or 6 small meals a day, but a regimen of frequent eating does not result in better control. Weight loss was more pronounced in those on the 2-large-meal regimen, who shed 1.4 kg more, on average, than those eating 6 smaller portions (-3.7 kg vs -2.3 kg). Fasting plasma glucagon also fell with the regimen of 2 large meals a day, whereas it increased among those consuming 6 small meals each day. The artificial sweeteners aspartame, sucralose, and saccharin cause an exaggerated elevation in blood glucose levels, the very same condition sought to prevent by consuming them. Daily consumption of pistachios may improve the metabolic risk profiles for people with prediabetes. Nuts in general have been associated with benefit, but pistachios appear to hold special properties. The clinical notes provided did not indicate the height or weight of the injured worker or the body mass index (BMI). The clinical notes do not indicate the specific diet that the injured worker was currently taking, nor how a weight loss program would benefit the injured worker. The documentation lacked objective findings to support a weight loss program. Therefore, the request is not medically necessary. As such, the request is not medically necessary.

**Zofran 8 MG #10 Dispensed:** 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

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

**Decision rationale:** The request for Zofran 8 mg #10 dispensed is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioids' adverse effects, including nausea and vomiting, are limited to short term duration and have limited application to

long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms could be evaluated for. The clinical notes did not indicate the injured worker had a gastrointestinal issue or active nausea or vomiting. The guidelines do not recommend Zofran for nausea and vomiting secondary to opioid. This medication would not be indicated. The request did not indicate the frequency of the prescribed medication. As such, is not medically necessary.

**Dilaudid 2 MG #80:** Upheld

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

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

**Decision rationale:** The request for Dilaudid 2 mg #80 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The documentation provided, was not evident of measurable functions. The documentation did not address the ongoing pain management. The activities of daily living were not addressed. Adverse side effects were not addressed. The request did not address the frequency. Therefore, the request is not medically necessary.