

Case Number:	CM14-0184874		
Date Assigned:	11/12/2014	Date of Injury:	11/25/2011
Decision Date:	12/31/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This case is a 48 year old employee with a date of injury on 11/25/2014. A review of the medical records indicates that the patient has been undergoing treatment for plantar fascia fibromatosis, chronic pain syndrome, and lumbago. Subjective complaints (7/21/2014) include increased pain of foot and leg and (10/13/2014) include difficulty with grooming and headaches. Objective findings (7/21/2014, 10/13/2014) include tenderness to left foot. Treatment has included CAM walker, modified activities, shockwave therapy, chiropractic sessions, steroid injection of left foot, psychotherapy sessions, Cidaflex, Restone, Tramadol, Omeprazole, Diclofenac, Zolpidem, sumatriptan, and Butalbital/APAP. A utilization review dated 10/24/2014 denied the following:- Retrospective request for Zofran 8mg # 30, DOS 10/13/14 due to lack of applicable diagnosis- Retrospective request for Fioricet 325/50/40 mg # 120, DOS 10/13/14 due to due to no functional improvement/decreased pain- Retrospective request for Tramadol APAP 37.5/325 mg # 120, DOS 10/13/14 due to no functional improvement/decreased pain - Sonata 10 mg # 60, DOS 10/13/14 due to lack of insomnia diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zofran 8mg # 30, DOS 10/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea)

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or is postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAIDs occurred. Additionally, Ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Retrospective request for Zofran 8mg # 30, DOS 10/13/14 is not medically necessary.

Retrospective request for Fioricet 325/50/40 mg # 120, DOS 10/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: MTUS states "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache". The treating physician has not detailed a trial and failure of first line agents and detailed why such an addictive drug is needed at this time. The treatment notes only briefly mention subjective complaints of headaches. Medical documents do not address this in further detail. Given the lack of detailed description of appropriate symptoms, workup, and failure of first line therapy, Fioricet is not appropriate. As such, the request for Fioricet 325/50/40 mg # 120, DOS 10/13/14 is not medically necessary.

Retrospective request for Tramadol APAP 37.5/325 mg # 120, DOS 10/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as a central acting synthetic opioid. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. Additionally, medical notes do not indicate any ongoing improvement in pain or function as a result of this medication. As such, the request for Tramadol APAP 37.5/325 mg # 120, DOS 10/13/14 is not medically necessary.

Sonata 10 mg # 60, DOS 10/13/14: 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) Benzodiazepine

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

Decision rationale: ODG states regarding insomnia, "Recommend correcting deficits, as no restorative sleep is one of the strongest predictors for pain." ODG additional details specific components of sleep hygiene, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. ODG states, "Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal and dosing is 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." As written, a 60 day supply of Sonata is far in excess of 5 week recommendation. Importantly, the medical documents also do not detail the specific complaints of insomnia, diagnosis of insomnia, and what conservative therapy was trailed and the results of that conservative therapy. As such, the request for Sonata 10 mg # 60, DOS 10/13/14 is not medically necessary. ODG states, "Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-

related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). (Morin, 2007) Because of its short half-life (one hour), may be readministered upon nocturnal wakening provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks."As written, a 60 day supply of sonata is far in excess of 5 week recommendation. Importantly, the medical documents also do not detail the specific complaints of insomnia, diagnosis of insomnia, and what conservative therapy was trailed and the results of those conservative therapy. As such, the request for Sonata 10 mg # 60, DOS 10/13/14 is not medically necessary.