

Case Number:	CM14-0023964		
Date Assigned:	06/25/2014	Date of Injury:	04/12/2001
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 April 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; a spinal cord stimulator implantation; and sleep aid. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for Zofran (ondansetron) and Lunesta. The claims administrator based its denial on non-MTUS-ODG Guidelines. The applicant's attorney subsequently appealed. In an appeal letter dated February 5, 2014, the attending provider stated that the applicant was using Zofran for nausea and Lunesta for insomnia. It was stated that the applicant had issues associated with chronic nausea following introduction of a spinal cord stimulator and/or associated with usage of methadone. It was stated that the applicant had taken a disability retirement in May 2005. The attending provider stated that ongoing usage of Lunesta was effective here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran (Ondansetron) 4mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Referecne.

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 Guide.

Decision rationale: While the MTUS does not address the topic specifically, the Chronic Pain Medical Treatment Guidelines state that an attending provider who furnishes a drug for non-FDA labelled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) states that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. It is not indicated in the treatment of either spinal cord stimulator/induced nausea and/or opioid-induced nausea, the issues reportedly present here. The attending provider has not furnished any compelling medical evidence which would offset the unfavorable FDA recommendation. Therefore, the request for Zofran (Ondansetron) 4mg, thirty count, is not medically necessary or appropriate.

Lunesta 3mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Pain chapter.

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), Lunesta Safety Announcement, May 15, 2014.

Decision rationale: While the MTUS does not specifically address the topic of Lunesta, the Chronic Pain Medical Treatment Guidelines do state that an attending provider using a medication for non-FDA labelled purposes has a responsibility to be well informed about the same and should provide evidence to support usage of the same. In this case, however, the Food and Drug Administration (FDA) has suggested lowering the starting dosage of Lunesta from 3 mg to 1 mg, noting that Lunesta at the dosage of 3 mg proposed by the attending provider can often result in impaired driving skills, memory, and coordination as long as eleven hours after the drug is taken. In this case, the attending provider has not furnished any compelling medical evidence or applicant-specific information which would offset the unfavorable FDA recommendation. Therefore, the request for Lunesta 3mg, thirty count, is not medically necessary or appropriate.