MAXIMUS Federal Services

Case Number:	CM14-0030047		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2010
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 37 year old male with date of injury of 6/4/10. The treating physician report dated 1/10/14 indicates that the patient presents with diffuse neck pain, left upper extremity, diffuse thoracic pain, lower back pain, and bilateral lower extremity pain. The patient reports that his pain worsened following his neck popped; he was seen at the Emergency Department and he continues with severe pain. The current diagnoses are lumbosacral spondylosis without myelopathy, cervicalgia, myalgia, chronic pain syndrome, cervical spondylosis without myelopathy, lumbar disc degeneration, and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg tab #50, refill X 3 QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolfran package insert (FDA), online version. http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=12293.

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

Decision rationale: The MTUS Guidelines do not address Zofran (Ondansetron). The Official Disability Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. As such, the request is not medically necessary.

Baclofen 10mg Tablet #90 ,refill x 3 QTY:4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The primary treating physician in this case has continued to prescribe Baclofen on a monthly basis since at least 8/6/13, which is not short term treatment and is beyond the guideline recommendations. As such, the request is not medically necessary.

MS Contin 15mg Tablet #90, refill X 3 QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 80-82, 88-96.

Decision rationale: The MTUS Guidelines recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. The MTUS further requires documentation of the four A's (analgesia, activities of daily living, adverse side effects, and adverse behavior). In this case, it is unclear if the patient is doing any better with chronic opiate use. While a trial of MS Contin may be appropriate this request also includes three refills. The request is not supported as documentation of analgesia, activities of daily living, adverse side effects, and adverse behaviors would need to be documented to support refilling this medication. As such, the request is not medically necessary.