

Case Number:	CM14-0033931		
Date Assigned:	06/20/2014	Date of Injury:	08/14/2003
Decision Date:	07/18/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 08/14/2003, due to cumulative trauma. The clinical note dated 02/24/2014 noted the injured worker presented with severe pain in the back with spasms and nausea associated with narcotics. Medications included Dilaudid, Zofran, Zanaflex, Rozerem, trazodone, and Lunesta. Upon examination, there was limited range of motion, altered sensory loss, in the right lateral calf and in the bottom of foot with signs of disuse atrophy involving the right lateral calf and thigh, deep tendon reflexes +1 at the knee and ankles, and toes down going to plantar reflex bilaterally. The diagnoses were history of failed L5 interbody fusion in 2009, intermittent episodes of nausea, possibly related to narcotic use, status post gastric bypass surgery and weight loss, and B12 deficiency, history of anxiety and depression disorder, and insomnia due to pain. The provider recommended Dilaudid 4 mg with a quantity of 120 and Zofran 4 mg with a quantity of 30, Dilaudid was to be used as needed for pain and Zofran to be used as needed for nausea from narcotics. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Dilaudid 4mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Dilaudid 4 mg with a quantity of 120 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior. The injured worker has been prescribed Dilaudid since at least 04/2013, the efficacy of the medication was not provided. In addition, the documentation indicated that the injured worker was having nausea and vomiting possibly related to opioid use. The provider's request did not indicate the frequency of the medication. As such, the request for Dilaudid 4mg, #120 is not medically necessary and appropriate.

Prescription of Zofran 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), Antiemetics (for Opioid nausea).

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 4 mg with a quantity of 30 is non-certified. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The 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 should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. The injured worker has been prescribed Zofran since at least 04/2013, the efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request for Zofran 4mg, #30 IS not medically necessary and appropriate.