

Case Number:	CM14-0036359		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2003
Decision Date:	07/25/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 52-year-old male who was injured on November 5, 2003. The patient continued to experience pain in his back radiating down his left leg. Physical examination was notable for tenderness to palpation on the posterior lumbar musculature, positive straight leg raise, and 4/5 motor strength in the bilateral lower extremities. Diagnoses included post-laminectomy syndrome, status post L5-S1 fusion, status post opiate detoxification, and medication-induced gastritis. Treatment included spinal cord stimulator, epidural steroid injections, intrathecal morphine, and medications. Requests for authorization for Norco 10/325 mg # 120 and Zofran 8 mg # 10 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Norco 10/325mg, #120 dispensed 02/03/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not

recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been taking Norco since at least February 2013. The patient had not achieved analgesia. In addition, there is no documentation that the patient has signed an opioid contract or participating in urine drug testing. Criteria for long-term opioid use have not been met.

Retrospective review for Zofran 8mg, #10 dispensed 02/03/2014: 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, Ondansetron.

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 (for opioid nausea).

Decision rationale: Ondansetron, a serotonin 5-HT₃ receptor antagonist, is an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The medical necessity of this drug has not been established.