

Case Number:	CM14-0043311		
Date Assigned:	09/10/2014	Date of Injury:	11/13/2003
Decision Date:	10/16/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who sustained an injury on 11/13/03 while unloading boxes of material. The injured worker has been followed for complaints of low back pain radiating to the lower extremities. The clinical report dated 01/29/14 noted that the injured worker continued to have severe pain 8-9/10 on the VAS. The injured worker did report some improvement with Norco. The injured worker did note GI upset. The physical exam noted tenderness to palpation in the lumbar spine with motor weakness in the lower extremities. There was a positive straight leg raise sign bilaterally. The requested medications were denied on 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 10/325mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical

documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Hydrocodone can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Hydrocodone. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Hydrocodone given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Hydrocodone, this reviewer would not have recommend certification for the request.

Odansetron ODT 4 mg #20: 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, anti-emetics for opioids 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 Chapter, Anti-emetics

Decision rationale: In regards to the use of Ondansetron 4mg quantity 20, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Ondansetron is FDA indicated for the treatment of nausea and vomiting secondary to chemotherapy or radiation therapy as well as a post-operative medication. These indications are not present in the clinical record. Guidelines do not recommend the use of this medication to address nausea and vomiting as side effects of certain medications. The recommendation is to adjust the injured worker's medications to avoid these side effects. Given the off-label use of this medication, this reviewer would not recommend the request as medically necessary.

Terocin Patches Box (10 per box) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for use of Lidoderm patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains Capsasin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Norco 10/325mg quantity 150, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommend certification for the request.

Odansetron HCL 4 mg #10: 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, Anti-emetics 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 Chapter, Anti-emetics

Decision rationale: In regards to the use of Ondansetron 4mg quantity 10, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Ondansetron is FDA indicated for the treatment of nausea and vomiting secondary to chemotherapy or radiation therapy as well as a post-operative medication. These indications are not present in the clinical record. Guidelines do not recommend the use of this medication to address nausea and vomiting as side effects of certain medications. The recommendation is to adjust the injured worker's medications to avoid these side effects. Given the off-label use of this medication, this reviewer would not recommend the request as medically necessary.