

Case Number:	CM14-0049735		
Date Assigned:	07/07/2014	Date of Injury:	09/06/2002
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Practice, 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 66 year old male, who sustained a work injury on 9/6/02 involving the low back. He was diagnosed with thoracic and lumbosacral radiculitis, cervical spinal stenosis, sacroiliitis, brachial neuritis and depressive disorder. He underwent a lumbar laminectomy and about post laminectomy syndrome. An MRI of the lumbar spine in October 2013 show disc protrusion in the lower lumbar region. He had undergone physical therapy, and epidural steroid injections. He had been on Norco for 2 years, Flexeril for 2 years and Neurontin for 1 year for pain. A progress note on March 25, 2014 noted that his pain was 7-9/10. Exam findings were notable for tenderness in the lumbar paraspinal regions, painful flexion and extension of the lumbar spine as well as spasms in the low back. Straight leg testing was positive on both lower extremities. He was continued on Norco, Neurontin and Flexeril for pain. Odansetron (Zofran) was used to treat medication related nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin and pg 49 Page(s): 49.

Decision rationale: According to the MTUS guidelines, Neurontin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case there is no documentation of the above diagnoses. The claimant has been on Neurontin for a year. The symptoms are not improving. The continued use of Neurontin is not medically necessary.

1 prescription of Norco 10/325mg #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 and pg 82-92 Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.

1 prescription of Ondansetron 4 mg #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, Pain (Chronic); Editorial Board Palliative Care: Practice Guidelines. Nausea and Vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centres (ACCC); 2006, Jan. 12.

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

Decision rationale: The MTUS and ACOEM guidelines do not comment on anti-emetics. According to the ODG guidelines, are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Based on the above the continued use of Ondansetron (Zofran) is not medically necessary.