

<b>Case Number:</b>	CM14-0050200		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 male who was injured on 12/23/2012. The patient underwent exploration of wound, irrigation, evacuation of hematoma/seroma left lumbar incision on 10/30/2013. He underwent a posterolateral fusion L5-S1, insertion of DePuy ExpEDIUM pedicle screw fixation at L5-S1 bilaterally; Harvest left iliac crest bone graft through separate incision, intraoperative fluoroscopy, intrathecal injection of astramorph and fentanyl on 10/16/2013. A progress report dated 03/13/2014 indicated the patient presented with diagnoses including sciatica, lumbosacral neuritis, and spondylolisthesis. He was taking Percocet 5/325 mg and Zofran 4 mg. He was noted to have normal muscle tone. Range of motion to the bilateral lower extremities was limited due to pain, and worsened during flexion. Sensation was intact. Straight leg raise test was positive for pain bilaterally. He had a normal gait and station. He was given refills of his medications, Zofran 4 mg and Percocet 5/325 mg and instructed to follow up. A prior utilization review dated 03/20/2014 states the requests for Percocet 5/325mg #90 no refills, and Zofran 4mg #90 were not certified. There was documentation of nausea or vomiting, no pain levels and no documented functional improvement on these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #90 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, opioids are considered second-line treatment for neuropathic pain. In this case, medical records fail to establish clinically significant functional improvement, pain reduction, or reduction in dependency on medical care from use of opioids. As such, the request is not medically necessary and appropriate.

**Zofran 4mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter, 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:** According to the ODG, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. In this case, Zofran, an antiemetic, appears to be prescribed for nausea secondary due to opioid use, though it is unclear as specific rationale is lacking. Medical necessity is not established. As such, the request is not medically necessary and appropriate.