

Case Number:	CM14-0060321		
Date Assigned:	07/09/2014	Date of Injury:	07/31/1999
Decision Date:	09/03/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Rehabilitation 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:

This 56 year-old patient sustained an injury on 7/31/1999 while employed by [REDACTED]. The request under consideration includes Norco 10/325 mg #180, Tramadol ER 150mg #30, Prilosec 20mg #60, and Zofran #30. Diagnoses include cervical and lumbar disc displacement with myelopathy. Conservative care has included medications, therapy, lumbar spinal cord stimulator, modified activities/rest. An EMG (electromyography) study on 6/11/13 showed Right C6, C7 radiculopathy; bilateral CTS and ulnar neuropathy; Right L5 radiculopathy. A CT (computerized tomography) myelogram showed s/p (status post) lumbar fusion at L4-S1 with facet changes and lateral recess stenosis. Per a neurosurgical report of 8/27/13, the patient has disc degeneration with bilateral neural foraminal narrowing at C5-6 with certification for cervical discectomy/fusion at this level. The report of 3/25/14 from the provider noted the patient with neck pain, cervicogenic headaches with radicular symptoms to bilateral upper extremities rated at 9/10; radiating low back pain to bilateral lower extremities associated with numbness, tingling, weakness; and depression. Medications list MS Contin, Norco, Ultram, Prozac, Prilosec, Zofran, and Colace. By another provider: Ability, Wellbutrin, Xanax, Effexor, and Ambien. An exam showed diffuse tenderness of cervical and lumbar spine with diffuse weakness of 3+/5 in lower extremities and decreased sensation in the extremities; cervical flexion 2 fingerbreadths from sternum/ extension of 20 degrees; right shoulder TTP with DTRs (deep tendon reflex) 2+ symmetrically in upper extremities; patient uses walker for ambulation. The request for Norco 10/325 mg #180 was modified for quantity of #120 and the Tramadol ER 150mg #30, Prilosec 20mg #60, and Zofran #30 were non-certified on 4/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids (6-months or more).

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

Decision rationale: It is unclear why the patient is being prescribed multiple short and long-acting opiates (Norco & Tramadol) besides MS Contin. The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of multiple opioids with persistent severe pain. The Norco 10/325 mg #180 is not medically necessary and appropriate.

Tramadol ER 150mg #30: Upheld

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

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

Decision rationale: It is unclear why the patient is being prescribed multiple short and long-acting opiates (Norco & Tramadol) besides MS Contin. The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in

accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of multiple opioids with persistent severe pain. The Tramadol ER 150mg #30 is not medically necessary and appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI (gastrointestinal) bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec 20mg #60 is not medically necessary and appropriate.

Zofran #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2009, page 1688.

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; 773.

Decision rationale: The Zofran is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA-approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, radiotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted spine claim for this 1999 injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not

recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Zofran #30 is not medically necessary and appropriate.