

<b>Case Number:</b>	CM14-0069060		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, has a subspecialty in Interventional Spine 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 62 year old female with an injury date of 03/21/12. The 02/21/14 report states that the patient presents with dull, aching lower back pain radiating to the lower extremity with pins and needles sensation, burning, cramping and weakness. Pain is rated 2-8/10. The patient is working. Examination reveals straight leg raise positive on the right with tenderness on the right Sacroiliac joint and right trochanteric bursa. Extension of the lumbar spine produces pain in the lower back. There is weakness in right ankle dorsiflexion and decreased sensation to pin-prick in the right L5. The patient's diagnoses include:1. Status post decompression nucleus pulposus, L4-5 (06/11/13).2. Lumbar radiculopathy right L5.3. Herniated disc, lumbar L4-5 right.4. Spondylosis, lumbar.5. Facet arthropathy, lumbar.6. Degenerated disc disease, lumbar.7. Depression due to intractable pain.The 06/11/13 percutaneous L4-5 discectomy operative report is included. Current medications are listed as Celebrex, Tramadol, and Ondansetron. The utilization review being challenged is dated 04/11/14. Reports were provided from 06/11/13 to 02/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron HCL 4 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetic's (for opioid nausea)

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremity rated 2-8/10 with pins and needles sensation, burning, cramping and weakness. The treater is requesting Ondansetron HCL 4 mg #90. The reports show the patient has used this medication since at least 11/01/13. ODG Guidelines has the following regarding antiemetic's, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications." The treater does not discuss this medication in the reports provided. The patient is status-post 06/11/13 discectomy; however, there is no evidence the medication is intended for postoperative use. There is no discussion of chemotherapy, radiation or acute gastroenteritis. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. In this case, the request is not medically necessary.

**Celebrex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medication for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremity rated 2-8/10 with pins and needles sensation, burning, cramping and weakness. The treater requests for Celebrex (an NSAID). The reports show the patient has been using this medication since at least 11/01/13. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." This medication is indicated for first line treatment for lower back pain which is present in the patient. On 02/21/14 the treater states that opioid medications help the patient's pain; however, the treater does not discuss this medication or state whether or not it helps the patient. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. In this case, the request is not medically necessary.