

Case Number:	CM14-0071042		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2011
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 Preventative Medicine, has a subspecialty in occupational Medicine and is licensed to practice in Iowa. 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 patient is a 45 year old male employee with date of injury of 1/18/11. A review of the medical records indicate that the patient is undergoing treatment for status post left L4-5 hemilaminotomy, medial facetectomy, lateral recess decompression, left L4-5 micro discectomy, microscopic assisted dissection and METRX access system on 7/9/2013. Subjective complaints include chronic severe back and lower extremity pain; chronic anxiety, depression and insomnia. He has numbness and weakness in left lower extremity. He complains that pain medications only work for about an hour at a time. He rates his pain with medication at 4/10 and without medications at 10/10. However, he is experiencing abdominal pain from long term use of NSAID's. VAS was 7/10 at time of utilization review. He received bilateral lumbar medial branch block injections at L3, L4 and L5 which he said gave him 75% relief. Objective findings include an MRI performed on 2/1/11 reported mild degeneration, mild bulge, disc space narrowing, at L4-5. At L5-S1, there was noted to be mild degenerative change, mild bulge, disc space narrowing, resulting in mild neuroforaminal narrowing. On his lumbar/sacral exam, there was increased pain for dorsiflexion and there are tremors of both legs with his left leg constantly twitching. Decreased ROM with tenderness reported and a positive straight leg raise. He is positive SLR bilaterally, weakness in the LLE with decreased DTR at left ankle. His gait is antalgic on the left. Treatments including medication, PT and epidurals have failed. Medications have included oxycodone (modified for weaning) and Pristiq 50mg #14; Omeprazole, MS Contin, Percocet, Cymbalta, Ativan, Lexapro, Ondansetron, Tizanidine, Valium, Temazepam, Nizatadine. The patient received lumbar facet injections with medial branch blocks bilaterally at L3, L4 and a lumbar facet injection at L5 dorsal ramus branch bilaterally with fluoroscopy. The utilization review dated 4/21/14 non-certified the request for Ondansetron 8 mg TBDP, one

sublingual QD PRN nausea #30 with no refills and Oxycodone HCl 15 mg tablets, one PO, every four hours PRN #180 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondasetron 8 mg TBDP, one sublingual everyday as needed for nausea #30 with no refills:
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, ondasetron and anti-emetic sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Antidepressants Page(s): 15-16, 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansteron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). The patient is on both methadone (opioid) and Cymbalta (SNRI). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative care. In addition, the patient is on Oxycodone (opioid). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". As such the request for ONDANSETRON HCL 8MG TBDP, one sublingual QD PRN nausea #30 with no refills is not medically necessary.

Oxycodone HCL 15 mg tablets, one by mouth, every four hours as needed #180 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure agonist opioid. Official Disability Guidelines does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include:

current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, previous utilization reviews recommended weaning of Oxycodone. As such, the request for Oxycodone HCL 15 mg tablets, one by mouth, every four hours as needed #180 with no refills is not medically necessary.