

Case Number:	CM14-0079325		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2002
Decision Date:	08/25/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

56 years old female injured worker with date of injury 12/8/02 with related low back and thoracic pain. Per 4/30/14 progress report, the injured worker also reported bilateral leg radiating pain. She was status post radiofrequency neurolysis of the bilateral T8-T9 and T9-T10 facet joints on 10/3/13 and noted 50-60% decrease in the bilateral thoracic axial pain at or above the level of T10-S1 fusion that was done on 1/30/06. She underwent repair of L1-L2 pseudoarthrosis with revision of segmental instrumentation from T10-L4 on 4/20/10. She was able to recharge her pulse generator and noted 60% decrease in low back and right leg radiating pain. MRI of the lumbar spine dated 6/30/04 revealed marked levoscoliosis of the lumbar spine with compensatory discogenic disease seen at L2-L3. While no central canal stenosis was evident at any level, there was a posterior osteophyte/disc complex noted at L2-L3, which contributed to right lateral recess narrowing and possible impingement of the traversing right L3 nerve root. Multi-level neural foraminal narrowing was noted. Treatment to date has included radiofrequency ablation, spinal cord stimulator, injections, physical therapy, and medication management. The date of UR decision was 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #60: Upheld

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

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

Decision rationale: The MTUS is silent on the use of Ondansetron. With regard to antiemetics, the ODG states not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Specifically, Ondansetron (Zofran): 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. Acute use is FDA-approved for gastroenteritis. As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, Ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request for Ondansetron 8mg #60 is not medically necessary and appropriate.

Alprazolam 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: With regard to Benzodiazepines, MTUS Chronic Pain Medical Treatment Guidelines states not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation submitted for review provides no rationale or support for the request. The submitted medical records indicate that the injured worker has been using this medication since at least 11/2013. As it is not recommended for long term use, the request of Alprazolam 25mg #60 is not medically necessary and appropriate.