

Case Number:	CM14-0084551		
Date Assigned:	07/21/2014	Date of Injury:	10/11/2008
Decision Date:	10/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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:

According to the records made available for review, this is a 46-year-old male with a 10/11/08 date of injury, and status post C5-C6 anterior cervical discectomy and fusion (undated). At the time (4/21/14) of request for authorization for Hydrocodone/APAP/Ondansetron (10/300/2mg) #60, there is documentation of subjective (persistent neck pain at 8/10 that is frequent and the same, pain 5-6/10 with Norco, and gastrointestinal upset and nausea secondary to medication) and objective (cervical flexion 10 degrees, extension 25 degrees, left rotation 25 degrees, and right rotation 35 degrees, tenderness to paraspinal and trapezius muscles, positive shoulder depression test and Spurling's test bilaterally, positive cervical compression test, decreased strength and sensation at 4/5 bilaterally at C5, C6, C7, and C8, and deep tendon reflexes 2+ bilaterally in brachioradialis and triceps) findings, current diagnoses (status post C5-C6 anterior cervical discectomy and fusion, functional level disease with left upper extremity radiculopathy now bilateral, and history of gastroenteropathy), and treatment to date (medications (including ongoing treatment with Norco). Medical report identifies patient has been experiencing gastrointestinal upset and nausea secondary to medication and a plan for Hydrocodone/APAP/Ondansetron and that there is a pain-treatment agreement on file. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date and nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP/Ondansetron (10/300/2mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment/Disability Duration Guidelines Pain (Chronic) (updated 03/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of status post C5-C6 anterior cervical discectomy and fusion, functional level disease with left upper extremity radiculopathy now bilateral, and history of gastroenteropathy. In addition, given documentation of a pain-agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that pain decreases from 8/10 to 5-6/10 with Norco use, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. In addition, despite documentation of gastrointestinal upset and nausea secondary to medication, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP/Ondansetron (10/300/2mg) #60 is not medically necessary.