

Case Number:	CM14-0086846		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2000
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Nevada. 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 injured worker is a 58 year-old male who was reportedly injured on October 10, 2000. The mechanism of injury is not listed in these records reviewed). The most recent progress note preceding the authorization process was dated April 15, 2014 indicates that there are ongoing complaints of low back pain the physical examination demonstrated a 68 inch tall individual weighing 185 pounds with a blood pressure of 135/80, a pulse of 85, and respirations of 20. Oxygen saturations were 98%. The diagnoses noted in the medical record include a failed spinal surgery syndrome with ongoing axial spinal pain and severe neuropathic pain with neurogenic claudication. A discogram resulted in 2 positive levels, with revision surgery. Previous treatment includes posterior fusion and global fusion at L4-5 and L5-S1 in 2 separate surgeries; injections; pharmacotherapy including multiple classes of medications; and activity modifications. A request was made for baclofen tablets, #90, and ondansetron tablets 4 mg #10 and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Tab 10mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

Decision rationale: Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has also been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is insufficient documentation available in the medical record of a spasticity related to the diagnosis, or objective functional improvement and benefit from the prior and chronic use of this medication, the use of this medication would not be within the guideline recommendations. As such, this request is not medically necessary.

Ondansetron Tab 4mg # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Therefore, Official Disability Guidelines guidelines are used. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fail to document the utility of this medication or any history of chemotherapy, radiation treatment, a recently postoperative environment, or acute gastroenteritis. In the absence of documentation of the diagnosis, whose treatment is supported by the guidelines, this request would be considered not medically necessary. It should also be noted that the guidelines specifically indicate that ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Based on the medical record available, this request is not considered medically necessary.