

Case Number:	CM14-0094210		
Date Assigned:	08/06/2014	Date of Injury:	06/05/1997
Decision Date:	09/29/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Neuromuscular Medicine, and is licensed to practice in. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 5, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 23, 2014, the claims administrator partially certified a request for cyclobenzaprine, partially certified a request for Neurontin, denied a request for ondansetron, denied a request for Norco, and denied a request for urine drug testing. The applicant's attorney subsequently appealed. In a December 12, 2013 progress note, the applicant reported persistent complaints of low back pain. The applicant reported 10/10 pain without medications versus 6-7/10 pain with medications. The applicant stated that the medications were allowing for increased mobility. The applicant was on Opana, Nucynta, Norco, Neurontin, famotidine, and lactulose, it was stated. The applicant was using brand name Neurontin only and was using six tablets of Norco daily, it was further noted. The applicant was described as "medically retired" at aged 44 and was living with her parents, it was stated. The applicant's prognosis was described as fair. On January 9, 2014, the applicant reported chronic, severe pain complaints associated with failed back syndrome. The applicant stated that her pain was impacting her ability to do activities of daily living. The applicant reported 5/10 pain with medications versus 10/10 pain without medications. The applicant was seemingly using Opana extended release, Nucynta, Norco, Neurontin, famotidine, and lactulose, it was stated. The applicant was again described as not working. The attending provider again stated that ongoing medication usage was ameliorating her ability to perform activities of daily living but did not elaborate on the nature of the same. On April 10, 2014, the applicant reported chronic, severe pain. The applicant was using Opana, Norco, Nucynta, Neurontin, Flexeril,

ondansetron, famotidine, and lactulose, it was stated. It was stated that the applicant was using ondansetron for opioid-induced nausea. The attending provider acknowledged that the applicant's prognosis was fair but stated that the applicant should continue Opana and Nucynta at current dosages. On July 9, 2014, it was stated that the applicant was on a waiting list for liver transplant. Severe, frequent neck and back pain were noted which were impacting the applicant's ability to perform activities of daily living. The applicant reported 10/10 pain without medications versus 4-6/10 pain with medications. The attending provider stated that the applicant's ability to perform activities of daily living was ameliorated with medication usage but did not elaborate on the extent of the same. The applicant was using Opana, Nucynta, Norco, Neurontin, Flexeril, Zofran, Pepcid, and lactulose, it was stated. A variety of agents were refilled. It was stated that ondansetron was being used p.r.n. nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications, including several opioid agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Neurontin 300 Mg #240 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section 9792.20f Page(s): 7, 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider, while reporting appropriate analgesia with ongoing Neurontin usage, has failed to outline any tangible or material improvements in function achieved as a result of the same. The attending provider's progress notes, it is further noted, are, at times, internally inconsistent. While some sections of the note stated that the applicant's severe pain is impacting the applicant's ability to perform all activities of daily living, the attending provider then went to comment that the applicant's ability to maintain activities of daily living was facilitated through ongoing

medication consumption. Thus, the incongruous reporting, continued dependence on three different opioid agents, and the applicant's failure to return to any form of work, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Neurontin usage. Therefore, the request is not medically necessary.

Ondansetron HCL 4mg #50 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide Page(s): 7-8.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for a non-FDA label purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence for such usage. In this case, however, the attending provider failed to furnish any compelling rationale which would support provision of ondansetron for what appears to be a non-FDA label purpose, namely pain-induced nausea or opioid-induced nausea. The Food and Drug Administration (FDA) states that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant had any recent surgery, chemotherapy, or radiation therapy. The attending provider did not furnish any rationale or medical evidence to support provision of ondansetron for non-FDA label purposes. Therefore, the request is not medically necessary.

Norco 10/325 Mg #180 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the attending provider is furnishing the applicant with two separate short-acting opioids, namely short-acting Nucynta and Norco. No rationale for provision of two separate short-acting opioid agents was proffered by the attending provider. Therefore, the request is not medically necessary.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state what drug tests and/or drug panels are being sought, attach an applicant's complete medication list to the request for authorization for testing, and state when the last time the applicant was tested. In this case, the attending provider did not state what drug tests and/or drug panels are being sought. The attending provider did not clearly identify when the applicant was last tested. Therefore, the request is not medically necessary.