

<b>Case Number:</b>	CM13-0016134		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a 50 year old female with a date of injury of 08/10/12. She is being treated for bilateral neck pain and occipital headaches. Previous diagnoses include cervical facet joint pain at C2-T1, cervical strain/sprain, cervical whiplasp, cervical disc protrusion, thoracic strain/sprain, left L4 vs. L5 radiculopathy with decreased sensaiton, central disc protrusion at L5-S1, broad-based disc protrusion at L4-L5 with mild left neural foraminal stenosis, left foraminal disc protrusion at L3-L4 with mild to moderate neuroal foraminal stenosis, lumbar degenerative disc disease, lumbar facet joint pain, lumbar facet joint arthropathy, mild levoscoliosis. Subjective complaints during her most recent exam on 10/7/14 include bilateral neck pain with occipital headaches worse with prolonged sitting, prolonged standing, lifting, twisting and any activities. Objective findings include tenderness upon palpation of the cervical paraspinal muscles overlying bilateral C2-T1 joint, restricted ROM of lumbar, thoracic and cervical spine in all directions, lumbar discogenic, thoracic and cervical facet joint provocative manuevers were positive, nerve root signs negative, SI joint provocative manuevers postive on left, reflexes were 1 in all limbs and 5/5 strength in all but 4/5 left tibialis anterior and peroneals. There is reduced sensation to touch on left L4 and L5 dermatomes. Electrodiagnostic studies on 8/27/14 revealed a left S1 radiculopathy. Previous MRI in 2013 multilevel disc injury to cervical and lumbosacral spine. Treatment thus far has consisted of Norco 7.5/325 mg, Zofran, Pepcid, Motrin, Ultracet, gabapentin, nerve root block and physical therapy. The Utilization Review on 8/14/13 for Hydrocodone 4.5/325 mg # 60 RF2 was partial certification due to lack of adequate pain documentation and changed to Hydrocodone 7.5/325 mg #60 RF2 to allow for compliance with documentation requirements or titration off and Zofran 8mg #60 RF2 non-certify due MTUS recommendation against its use for emesis secondary to opioid use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 4.5/325mg #60 with Two (2) Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck and 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. Additionally, medical documents indicate that the patient has been on an opioid since 2012, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization review has noted the need for tapering and weaning, which is appropriate. As such, the request for hydrocodone is not medically necessary.

**Zofran 8mg #60 with Two (2) Refills:** Upheld

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

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

**Decision rationale:** Ondansetron (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). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT<sub>3</sub> 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. The treating physician does state that its indication is for chronic opioid use which is not recommended by the MTUS. As such the request for Zofran 8mg #60 with Two (2) Refills is not medically indicated.