

Case Number:	CM14-0129444		
Date Assigned:	08/20/2014	Date of Injury:	11/02/2007
Decision Date:	10/02/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male with a November 2, 2007 date of injury. A progress note dated July 24, 2014 documents subjective complaints (lower back pain accompanied by numbness in the bilateral lower extremities to the feet; insomnia; "popping" and "cracking" sounds in the back associated with severe pain; pain rated at a level of 7 out of 10 with medications and 10 out of 10 without medications; medication associated gastrointestinal upset), objective findings (use of a cane for ambulation; spasm noted in the lumbar spine; tenderness to palpation of the lumbar spinal vertebral area at L4-S1; limited range of motion of the lumbar spine secondary to pain; decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities; tenderness of the bilateral anterior shoulders; decreased range of motion of the bilateral shoulders due to pain), and current diagnoses (chronic pain; lumbar facet arthropathy; lumbar radiculopathy; chronic nausea-vomiting). Treatments to date have included medications, lumbar spine fusion, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Hydrocodone 10/325mg #180 and Ondansetron 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 -79.

Decision rationale: The patient is a 53 year old male with an injury on 11/02/2007. He has low back pain, ambulated with a cane and has lumbar muscle spasm. He had a lumbar fusion. He also has bilateral shoulder pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.

Ondansetron 4mg #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron FDA approved package insert.

Decision rationale: The patient is a 53 year old male with an injury on 11/02/2007. He has low back pain, ambulated with a cane and has lumbar muscle spasm. He had a lumbar fusion. He also has bilateral shoulder pain. Ondansetron is FDA approved to treat the emesis and nausea associated with chemotherapy for cancer, post operative emesis and emesis associated with radiation therapy for cancer patients. This patient has no FDA approved indication for Ondansetron and the use of this medication in this patient is experimental and investigative; it is not medically necessary.