

Case Number:	CM14-0194886		
Date Assigned:	12/02/2014	Date of Injury:	01/01/2012
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Preventive (Occupational) Medicine and is licensed to practice in Massachusetts, New Hampshire, and New York. 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 47-year-old male who reported an injury on 01/01/2012. The mechanism of injury was not provided. His diagnoses were noted to include major depressive disorder, pain disorder associated with bilateral shoulders and lower back, anxiety disorder, and sexual dysfunction. His past treatments were noted to include medication, cervical epidural injections, physical therapy, chiropractic therapy, psychiatric therapy, acupuncture therapy. His diagnostic studies and surgical history were not provided. During the assessment on 11/06/2014, the injured worker indicated that he was "worse than before." He indicated that the injection that he had received prior did give some relief but when he gets "overloaded," the headache intensifies. The physical examination indicated that the injured worker was reaching maximum medical improvement. His psychological testing scores were noted as Burns Depression Checklist score of 60, indicating severe depression, and Burns Anxiety Inventory score of 69, indicating extreme anxiety. His medications was noted to include Ambien 10 mg at bedtime for insomnia, Xanax 2 mg 4 times a day/as needed for anxiety, bupropion SR 300 mg every morning for depression, and Fiorinal twice a day/as needed for headaches, naproxen Sodium 550 mg 1 tablet twice daily, Norflex 100mg 1 tablet daily, Ondansetron ODT 4mg 1 tablet three times a day as needed for spasms Fioricet 50-300-40mg take 1 capsule twice a day as needed for headaches, Cialis 5 mg 1 tablet daily, Norco 10/325 mg as needed, and Wellbutrin 300 mg 1 tablet daily. The treatment plan was to followup in 2 weeks and remain off work until 01/06/2015. The rationale for the orthopedic bed mattress was not provided. The rationale for the ondansetron was to control nausea and vomiting and the rationale for Fioricet was to control headaches. The Request for Authorization form was dated 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic bed mattress: 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 Official Disability Guidelines (ODG) Low Back, mattress selection

Decision rationale: The request for orthopedic bed mattress is not medically necessary. The Official Disability Guidelines indicate that mattress selection is not recommended to use firmness as sole criteria. In a recent randomized controlled trials, a waterbed and a body contour foam mattress generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. Mattress selection is objective and depends on personal preference and individual factors. There was no clinical documentation nor was there indication provided that the injured worker needed a specialized mattress or bedding as treatment for low back pain. Given the above, the request is not medically necessary.

1 Prescription for ondansetron 4mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2009 page 1688

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea)

Decision rationale: The request for 1 prescription for ondansetron 4 mg quantity 60 is not medically necessary. The Official Disability Guidelines do not recommend antiemetics for nausea or vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Its acute use is FDA approved for gastroenteritis. The clinical documentation provided indicated that the injured worker was using ondansetron 4 mg to control nausea and vomiting. However, there was no indication that the use of ondansetron was to control nausea and vomiting secondary to chronic opioid use nor was it indicated that the patient was undergoing chemotherapy or radiation treatment. Given the above, the request is not medically necessary.

1 Prescription for fioricet 50-300-40mg QTY: 60.00: 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
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for 1 prescription of Fioricet 50/300/40 mg quantity 60 is not medically necessary. The California MTUS Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. There was a risk of medication overuse, as well as rebound headache. Due to the risk of medication overuse resulting in a rebound headache and the use of barbiturate containing analgesic agents not being recommended by the guidelines, the request is not medically necessary.