

<b>Case Number:</b>	CM14-0197298		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency Medicine and is licensed to practice in California. 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:

Patient with reported date of injury on 5/8/2007. Mechanism of injury is described as lifting when twisted knee. Patient has a complaint of R shoulder bicipital tendinitis, subacromial bursitis and impingement status surgery and L knee internal derangement. Patient is reportedly post L knee arthroscopic surgery on 12/07 and 1/12. Patient has also gastritis, gastroesophageal reflux disease and hiatal hernia and chronic constipation. Medical reports reviewed. Last report available until 10/15/14. Patient complains of chronic L knee pain. Also has nausea and non-specific GI complaints. Objective exam reveals normal abdominal exam. L knee reveals scars. No effusion. Normal range of motion with trace crepitus. Trace medial and collateral laxity. Negative Lachman's, Drawer and McMurray's. Neurological and Motor exam is normal. Pt may be developing hypogonadism due to chronic opioid use. Patient is also being treated for psychiatric issues. Reports reveal issues concerning gastrointestinal issues that are being assessed by a GI specialist. Zofran has reportedly not been helping with nausea. Current medications include Omeprazole, Zofran, Butrans, Clonazepam, Savella, Latuda, Viibryd, Lunesta, Simvastatin and Percocet. Independent Medical Review is for Percocet 5/325mg #30, Zofran 4mg #150 and Colace 100mg #360. Prior UR on 10/27/14 recommended modification of Colace and denial of others. It approved prescription for Butrans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids, When to continue opioids, Opioids for.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient's pain is not controlled with current Butrans and Percocet therapy. Pt. has issues with constipation and other side effects from current opioid therapy. There is no long term plan to wean patient off current long term opioid therapy. Percocet is not medically necessary.

**Zofran 4mg #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

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

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron/Zofran is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about improvement with this medication but information showing lack of efficacy. Patient's GERD and gastritis is likely cause of symptoms which should be treated. Pt. is also chronically on Zofran. Ondansetron is not medically necessary.

**Colace 100mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As per MTUS Chronic pain and ACOEM Guidelines, constipation treatment or prophylaxis only relates to patients undergoing opioid therapy. Pt. has constipation and is chronically on opioids. While Colace treatment is medically sound, the prescription is not appropriate. The number of tablets provider requested would provide over 6months of medications which is not appropriate without reassessment. Colace prescription is not medically necessary.