

<b>Case Number:</b>	CM14-0202356		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

38y/o female injured worker with date of injury 1/14/12 with related mid and low back pain. Per progress report dated 10/17/14, the injured worker also noted pain in the right side of the body with radiation to the right leg. He described stabbing pain in the back and nerve pain in the right foot which was rated 8/10 without medications, and 5/10 with. Per physical exam of the lumbar spine, there was tenderness to palpation over the bilateral lumbar paraspinal muscles with spasms noted. There was a negative lumbar facet loading maneuver. There was positive straight leg raise test on the right. There was sacroiliac joint tenderness on the right. Motor strength was 5/5 and symmetric throughout the bilateral upper and lower extremities, except 4/5 on the right ankle plantar flexion and right great toe extension. There was diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg po BID PRN #60:** Overturned

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

**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), Opioid-Induced Constipation Treatment.

**Decision rationale:** In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Per progress report dated 10/20/14, the injured worker complained of severe constipation secondary to her use of Norco. I respectfully disagree with the UR physician's denial based upon concurrent use of constipation medication Amitza, the documentation submitted for review does not note any use of this medication. The request is medically necessary.

**Ondansetron (Zofran) 1 tab po qid prn #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**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.

**Decision rationale:** The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): 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. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.