

Case Number:	CM14-0204010		
Date Assigned:	12/16/2014	Date of Injury:	02/17/2011
Decision Date:	02/10/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 26 year old patient with date of injury of 02/17/2011. Medical records indicate the patient is undergoing treatment for cervical strain, L3-S1 stenosis, severe at L4-L5 and moderate at L5-S1, L3-S1 disc degeneration, bilateral lumbar radiculopathy in an L5 and S1 distribution with weakness. Subjective complaints include neck pain radiating into head, rated 6-7/10 with medications and 8/10 without medications; pain in mid back rated 5/10 with medications, 6/10 without; low back pain rated 7/10 with medication, 8-9/10 without medication, this pain radiates down posterior thighs to calves and feet; stiffness and weakness, anxiety, nausea and sleeplessness. Objective findings include normal gait, normal hip, knee, and ankle and extensor hallucis longus strength, no palpable tenderness. Treatment has consisted of surgical intervention, physical therapy, yoga, cane, Morphine, Zofran and Atarax. The utilization review determination was rendered on 11/05/2014 recommending non-certification of Morphine Sulfate 15 MG 3 Tablets Orally 2 Times A Day #180, Zofran 4 MG 1 Tablet Orally Every 6 Hours #120 and Atarax 25 MG 1 Tablet Orally TID As Needed for Itching #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15 MG 3 tablets orally 2 times a day #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 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for 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 increased level of function, or improved quality of life. Previous reviewer modified request for weaning. As such the request for Morphine Sulfate 15 MG 3 tablets orally 2 times a day #180 is not medically necessary.

Zofran 4 MG 1 tablet orally every 6 hours #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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-HT₃ 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. MTUS is specific regarding the gastrointestinal symptoms related to non-steroidal anti-inflammatory drug (NSAID) usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. Ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Zofran 4 MG 1 tablet orally every 6 hours #120 is not medically necessary.

Atarax 25 MG 1 tablet orally TID as needed for itching #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain and on Other Medical Treatment Guideline or Medical Evidence: <https://online.epocrates.com>, Atarax (Hydroxyzine)

Decision rationale: ODG states "Hydroxyzine (Atarax, generic available): Dosing information: 50 mg/day. Pregabalin (Lyrica, generic available): Non-FDA approved indication. Dosing information: 50-200mg three times daily (with a general range of 200-450 mg a day) Atypical antipsychotics: Olanzapine (Zyprexa) and Risperidone (generic available): used as an adjunct agent". Epocrates states that Atarax can be used for Anxiety, pruritus, and an adjunct to anesthesia. The treating physician has not provided a diagnosis or rationale behind the prescription for this medication. As such, the request for Atarax 25 MG 1 tablet orally TID as needed for itching #90 is not medically necessary.