

Case Number:	CM14-0207001		
Date Assigned:	12/19/2014	Date of Injury:	06/13/2007
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 51 year old patient with date of injury of 06/13/2007. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, status post multiple lumbar surgeries, lumbar radiculopathy, pseudoarthrosis and adjacent segment disease. Subjective complaints include low back pain that radiates to leg, described as severe, aching, stabbing and burning and rated 9/10; denies numbness to bilateral lower extremities; occasional stabbing and burning pain in neck. Objective findings include severely antalgic gait, slow to rise from seated position, pain with palpation of lumbosacral spine and thoracolumbar junction, severely limited range of motion in the lumbar spine, decreased sensation in right L5 dermatome and significantly limited motor examination due to pain. CT of thoracic spine dated 09/22/2014 revealed no new vertebral compression fracture, no new spinal stenosis, left para midline disc protrusions up to 5mm AP diameter at T8-T9 and T9-T10 are unchanged. No high-grade stenosis, abandoned infusion catheter extends from T11 down into the lumbar region unchanged. New pedicle screws bilaterally at L1 as part of an extensive lumbar fusion. CT scan of lumbar spine dated 7/07/2014 revealed long segment posterior element hardware and osseous fusion L1-S1 levels, combined with interbody fusions from L2-L3 through L5-S1 levels. Mild lumbar dextroscoliosis approximately 20 degrees, diminished from 25 degrees in 2012. No evidence for central canal or foraminal stenosis. Prior laminectomy L4 to superior L5 and possible left laminectomy inferior L2. Intraspinous catheter or lead present L1-S1 levels. Facet joints are visible bilaterally at L1-L2. Otherwise, posterolateral fusion masses appear intact throughout. No evidence of hardware fracture or malposition. Treatment has consisted of surgical intervention, aqua therapy, and acupuncture, Norco, Zanaflex, Zofran, Opana, Advil, Tylenol Oxycontin, Oxycodone, Dilaudid, Morphine and Aleve. The utilization review determination was rendered on 11/21/2014 recommending non-certification of Opana ER 10mg #30 and Zofran ODT 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #30: Upheld

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

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) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which 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 least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the medical documentation provided indicates this patient has tried and failed multiple opioids in the past without pain relief, it is unclear as to why the treating physician has prescribed Opana. As such the question Opana ER 10mg #30 is not medically necessary.

Zofran ODT 8mg #30: Upheld

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

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 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. The treating physician has not indicated surgical intervention or failure of first line treatments. Ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Zofran ODT 8mg #30 is not medically indicated.