

Case Number:	CM15-0001579		
Date Assigned:	01/09/2015	Date of Injury:	08/22/2004
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 53 year old female who sustained an industrial injury on 8/22/2004. She has reported bilateral knee and ankle pain. The diagnoses have included unspecified ankle sprain, bilateral knee surgery, chronic back pain, post-traumatic right ankle arthritis, loose osteophytic fragment in the medial malleolus, internal derangement of bilateral knees, right ankle surgery and bilateral lumbar facet joint arthropathy. Treatment to date has included cane, brace, heat/cold, physical therapy, viscosupplementation injections to the knee, and medication management. Progress notes from treating physicians from June 2014 to November 2014 were provided. The physician documentation notes allergies to naprsyn and celebrex; the injured worker has been prescribed norco, ibuprofen, and ondansetron since at least June 2014. Currently, the injured worker complains of low back pain and right ankle tenderness. Physical examination on 10/6/14 showed blood pressure of 127/91, tenderness to palpation of the lumbar paraspinal muscles, restricted lumbar range of motion, and positive lumbar discogenic and sacroiliac provocative maneuvers. Treatment plan included facet joint rhizotomy, with notation by the treating physician that the injured worker has failed physical therapy, NSAIDs, and conservative treatments. Blood pressure was recorded as 147/104 on 10/9/14. At a visit with the treating orthopedic surgeon on 11/7/14, blood pressure was noted to be 164/94. Work status was noted as "at best could do sedentary type of work." Treatment plan included Ondansetron 8 mg #20 for nausea issues with use of medication, Cyclobenzaprine 7.5 mg #60, Nalfon 400 mg #60 and Norco 10/325mg #120. On 12/3/2014, Utilization Review non-certified Ondansetron 8 mg

#20, Cyclobenzaprine 7.5 mg #60, Nalfon 400 mg #60 and Norco 10/325mg #120, noting the lack of medical necessity. The MTUS, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg (Zofran) #20: 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)- Treatment in Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: ondansetron

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the reason for the prescription was noted to be for nausea related to medication use. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the request for ondansetron is not medically necessary.

Nalfon 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The documentation submitted includes multiple elevated blood pressure readings with diastolic blood pressures greater than 90. No results of laboratory testing for renal function was submitted. The

progress notes document allergies to other NSAIDs. The injured worker has been prescribed ibuprofen, another NSAID, since June of 2014 with no documentation of functional improvement. The number of Nalfon requested is not consistent with short term use. Due to the lack of improvement from prior treatment with NSAIDs, documented allergy to other NSAIDs, elevated blood pressure, and continued chronic use of NSAIDs not in accordance with the guidelines, the request for Nalfon is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines opioids p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, 'mechanical and compressive etiologies,' and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient 'has failed a trial of non-opioid analgesics.' Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker has been prescribed Norco for at least 6 months without documentation of functional improvement as a result of use. Due to the lack of functional improvement and lack of prescribing in accordance with MTUS guidelines for chronic opioid use, the request for Norco is not medically necessary.

Cyclobenzaprine 7.5mg tab (Flexmid) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants p. 63-66 cyclobenzaprine p. 41-21 Page(s): 63-66, 41-42.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity prescribed in excess of the recommendation for short term use, the request for cyclobenzaprine is not medically necessary.