

Case Number:	CM15-0004279		
Date Assigned:	01/15/2015	Date of Injury:	04/09/2001
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58- year old female, who sustained an industrial injury on April 9, 2011. Treatment to date has included a hemilaminectomy, foraminotomy, discectomy, pain medication, physical therapy to include topical patches, and routine monitoring. Currently, the IW complains of tenderness to palpation over the right and left lumbar facets, right and left thoracic facets, right and left paravertebral thoracic spasm, right and left sacroiliac joint, right and left lumbosacral region and in the coccyx. Range of motion was reduced by pain. Diagnoses at this visit included joint and hand pain, lumbosacral degenerative disk disease, lumbosacral neuritis and coccydynia. Plan of treatment included continuation of medications, opioid counselling and home physical therapy six hours per day for two weeks, a new corset lumbar brace and a caregiver for six hours per day for three weeks following surgery. On December 12, 2014, the Utilization Review decision non-certified a request for Docusate 250mg and Zofran 4mg, noting the Zofran was indicated for nausea secondary to chemotherapy and radiation treatment and for post-operative use but not for pain and nausea related to pain medication use. The Docusate was non-covered per the physician's note dated December 9, 2014 indicating the medication was not being requested. The MTUS, Chronic Pain Medical Treatment Guidelines and the ODG, Pain Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Docusate 250mg and Zofran 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Docusate 250mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and stool softeners Page(s): 82-92.

Decision rationale: According to the guidelines, stool softener should be initiated with opioids for constipation prophylaxis. In this case, the claimant had been opioids and stool softeners for several months. There was no abdominal or rectal exzm performed indicated any developing colon obstruction. There were no subjective complaints of bowel issues. Long-term use of stool softeners is not recommended and is not clinically indicated. The continued use of Docusate is not medically necessary.

1 Prescription of Zofran 4mg between 11/24/2014 and 2/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics (for Opioid Nausea); and Official Disability Guidelines (ODG), Pain, Nabilone (Cesarnet), and Ondansetron (Zofran)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation anti-emetics

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses. Zofran was use for opioid related side effects. Zofran is not medically necessary.