

<b>Case Number:</b>	CM15-0004808		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Indiana, New York  
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 56 year old male, who sustained an industrial injury on 12/12/2002. He reported neck and back pain. The diagnoses have included status post rotator cuff repair, lumbar degenerative disc disease and cervical degenerative disc disease. Magnetic Resonance Imaging (MRI) from 1/16/13 revealed disc extrusion with bilateral stenosis L5-S1, facet hypertrophy, and small disc protrusion at L4-5. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), home exercise, lumbar steroid injections and a cervical steroid injection with reported significant improvement. Currently, the IW complains of low back pain and neck pain. Physical examination from 12/1/14 documented Range of Motion (ROM) measurements as follows: 48 degree flexion, 10 degree of extension, and 20 degrees left and right lateral. The plan of care included decreasing one medication and continuing others as directed, weight loss, home exercise, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and ice therapy. On 12/9/2014 Utilization Review non-certified Zofran 4mg #60 and modified certification for Oxycodone 30mg #180, allowing QTY #90. The Utilization Review noted the documentation failed to support continuation of the medication and allowed a decreased amount to initiate weaning. The MTUS and ODG Guidelines were cited. On 1/9/2015, the injured worker submitted an application for IMR for review of Oxycodone 30mg #90 and Zofran 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or prove quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; cervical DDD; and s/p right rotator cuff repair. Subjectively, the injured worker complains of low back pain and pain that radiates to both arms. The renewal of the subjective complaints objectively, range of motion is decreased in the lumbar spine and there is pain with flexion and extension. The documentation indicates the injured worker is taking both of Opana (morphine sulfate) and Oxycodone concurrently. There is no clinical rationale for the use of two opiates taken concurrently. The documentation indicates oxycodone was prescribed as far back as July 17, 2014. The documentation does not indicate whether this is a drug refill with start date. The documentation does not provide evidence of objective functional improvement associated with ongoing oxycodone. There are no risk assessments in the medical record and there are no detailed pain assessments of medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of oxycodone (taken currently with Opana), Oxycodone 30 mg #180 is not medically necessary.

**Zofran 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Anti-emetics

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zofran 4 mg #60 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation therapy; postoperative use; and gastroenteritis. In this case, In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; cervical DDD; and s/p right rotator cuff repair. Subjectively, the injured worker complains of low back pain and pain that radiates to both arms. The renewal of the subjective complaints objectively, range of motion is decreased in the lumbar spine and there is pain with flexion and extension.

The documentation indicates the injured worker is taking both of Opana (morphine sulfate) and Oxycodone concurrently. There are no subjective complaints of nausea. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation therapy, postoperative use and gastroenteritis. Zofran is not indicated for nausea secondary to chronic opiate use. Consequently, absent clinical documentation support so print use in contravention of the recommended guidelines, Zofran 4 mg has take 60 is not medically necessary.