

<b>Case Number:</b>	CM15-0133256		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male, who sustained an industrial injury on 3/24/2010. He reported numbness to his entire body after crawling under his desk to fix his computer. The injured worker was diagnosed as having C5-C7 level with unspecified spinal cord injury. Treatment to date has included diagnostics, cervical spinal surgery in 3/2010, medications, physical therapy, transitional living center residential program. Currently (5/25/2015), the injured worker was maintained at 1:1 supervision for unstructured time and constant visual supervision at all times for safety due to chronic suicidal ideation. He was noted to have a slow weight gain over the past 2 months from 276 to 289 pounds. He used a wheelchair due to fatigue after therapies and pool therapy was currently discontinued due to leg burns sustained while cooking. He remained at high-risk suicide if not continually supervised. Current medication regimen was not documented. The use of Tylenol, Zofran, and Norco was noted since at least 10/2014. The current treatment request is for the continued use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) months supply of Norco 5/325mg with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in May 2010 due to cervical spinal stenosis and has a C7 ASIA D Brown-Sequard spinal cord injury with spastic tetraplegia and neurogenic bowel and bladder as well as a history of an anoxic brain injury. He is in a transitional living Center residential program and has 1:1 supervision due to chronic suicidal ideation. He continues to be treated for chronic pain. He has physical examination findings consistent with his spinal cord injury and cervical spine surgery. His BMI is over 42. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**One (1) month supply of Tylenol 650mg with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), p11-12 Page(s): 11-12.

**Decision rationale:** The claimant sustained a work-related injury in May 2010 due to cervical spinal stenosis and has a C7 ASIA D Brown-Sequard spinal cord injury with spastic tetraplegia and neurogenic bowel and bladder as well as a history of an anoxic brain injury. He is in a transitional living Center residential program and has 1:1 supervision due to chronic suicidal ideation. He continues to be treated for chronic pain. He has physical examination findings consistent with his spinal cord injury and cervical spine surgery. His BMI is over 42. Acetaminophen (APAP) is recommended for treatment of chronic pain and acute exacerbations of chronic pain. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the dose and frequency are not specified. The request cannot be considered medically necessary.

**One (1) month supply of Zofran 4mg with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

**Decision rationale:** The claimant sustained a work-related injury in May 2010 due to cervical spinal stenosis and has a C7 ASIA D Brown-Sequard spinal cord injury with spastic tetraplegia and neurogenic bowel and bladder as well as a history of an anoxic brain injury. He is in a transitional living Center residential program and has 1:1 supervision due to chronic suicidal ideation. He continues to be treated for chronic pain. He has physical examination findings consistent with his spinal cord injury and cervical spine surgery. His BMI is over 42. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Norco, there is no history of opioid induced nausea. The use of this medication was not medically necessary.