

Case Number:	CM15-0143989		
Date Assigned:	08/04/2015	Date of Injury:	06/20/2013
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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 38 year old female, who sustained an industrial injury on June 20, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included lumbar epidural steroid injection, medication, MRI, physical therapy and home exercise program. Currently, the injured worker complains of low back pain that is described as a pulling and grinding sensation, when she bends, and sleep disturbance. The injured worker is currently diagnosed with lumbar disc herniation, lumbar degenerative disc disease and radiculopathy. Her work status was not included in the documentation. In a progress note dated June 24, 2015, it states the injured worker experienced therapeutic efficacy from Carisoprodol and Ondansetron. The note also states Hydrocodone-APAP allows the injured worker to experience increased function and engage in activities of daily living. In a progress note dated April 27, 2015, it states the injured worker experienced therapeutic failure from physical therapy and minimal relief from the lumbar epidural injection. The following medications, Hydrocodone-APAP 10-325 mg #150 (pos rfa) (for pain relief), Carisoprodol 350 mg #30 (to combat muscle spasms and increase mobility) and Ondansetron 4 mg #30 (to combat nausea) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Hydrocodone/APAP 10-325mg #150 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. Recent notes do not comment on reduction of pain scores with use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Hydrocodone is not medically necessary.

Carisoprodol 350mg #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA (Carsiprodolol) is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined for several months with hydrocodone which increases side effect risks and abuse potential. The use of Carsiprodolol is not medically necessary.

Ondansetron 4mg #30 with no refills: 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, Anti-emetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) 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. The Ondansetron was used due to Gabapentin related nausea. The Ondansetron is not medically necessary.