

<b>Case Number:</b>	CM15-0144071		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/23/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 23, 2002. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for Naprosyn and Zofran while approving a request for Prilosec. The claims administrator referenced an RFA form received on June 18, 2015 in its determination, along with an associated progress note of June 12, 2015. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant acknowledged that weight bearing and other activities remained problematic. The applicant was using a spinal cord stimulator, it was reported. The applicant reported issues with over sedation on Percocet and apparently asked to resume usage of Norco. The applicant had developed derivative complaints of depression, it was reported. The applicant was on Zofran, LidoPro, Neurontin, Cymbalta, Voltaren, Lidoderm patches, Ativan, Prilosec, and Norco, it was reported in one section of the note. It was stated that the applicant had discontinued Naprosyn, it was stated in another section of the note. Other sections of the note also stated that the applicant was employing Prilosec for medication-induced dyspepsia. The applicant was placed off of work, on total temporary disability, while Naprosyn, Prilosec, Zofran, Norco, Cymbalta, and Neurontin were renewed. The applicant had undergone an earlier failed lumbar laminectomy surgery, it was reported. The attending provider did not clearly state for what purpose Zofran was being employed but seemingly suggested that Zofran was being employed for issues with opioid-induced nausea.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Anaprox DS 550mg, #60 (DOS: 06/12/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Naproxen (Naprosyn) Page(s): 68-69, 73.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** No, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing naproxen usage, it was acknowledged on June 12, 2015. The applicant was described as having difficulty performing even basic activities of daily living to include standing and walking, it was reported on that date. Ongoing usage of naproxen (Anaprox) failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

### **Retrospective Zofran 8mg, #10 (DOS: 06/12/2015): 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), Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** Similarly, the request for Zofran (ondansetron), an antiemetic medication, was likewise not medically necessary, medically appropriate, or indicated here. Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT<sub>3</sub> receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. Pages 7 and 8

of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no evidence that the applicant had undergone any recent cancer chemotherapy, radiation therapy, and/or surgery on or around the date of the request, June 12, 2015. It was suggested (but not clearly stated) that the applicant was employing ondansetron (Zofran) for opioid-induced nausea. However, ODGs Chronic Pain Chapter, Antiemetics topic notes that antiemetics are not recommended in the treatment of nausea and/or vomiting associated with chronic opioid usage. Therefore, the request was not medically necessary.