

Case Number:	CM15-0147225		
Date Assigned:	08/10/2015	Date of Injury:	11/25/1998
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/29/2015

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: Hawaii, California, Iowa

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 injured worker is a 49 year old male, who sustained an industrial injury on November 25, 1998. The injured worker was diagnosed as having lumbago, low back pain, lumbar and thoracic radiculitis, and long term (current) use of other medications. Treatments and evaluations to date have included MRIs, posterior lumbar fusion, myelogram, bracing, and medication. Currently, the injured worker reports lower back pain increased with activity, insomnia, and fatigue, with nausea, vomiting, constipation, itching, sweating, anxiety, and depression. The Primary Treating Physician's report dated June 10, 2015, noted the injured worker was doing well with Methadone reduction, currently using 5 a day. The injured worker rated his pain at 6 out of 10 with medications and 10 out of 10 without medications. Physical examination was noted to show the injured worker's abdomen with no tenderness and normal bowel sounds, and the lumbar spine with tenderness at the facet joint, decreased flexion, decreased extension, and decreased lateral bending. The treatment plan was noted to include Methadone and Zofran with a urine drug screen (UDS) collected. The injured worker was noted to be permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Methadone (Dolophine, Methadose oral dosage forms, generic available); Methadone; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Methadone is recommended by the guidelines as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk as the FDA has reported severe morbidity and mortality with this medication. The injured worker was noted to have been prescribed Methadone since at least 2011. The documentation provided noted the injured worker able to perform specific activities of daily living (ADLs), however there was no documentation of current, objective improvement in the injured worker's work status or dependency on continued medical treatment with the Methadone. The documentation did not provide a pain assessment that addressed the injured worker's least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Methadone, how long it takes for pain relief, or how long the pain relief lasts. Therefore, based on the guidelines, the request is not medically necessary.

Zofran 4mg, #30: 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 (Chronic) - Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anti-emetics (for opioid nausea), Ondansetron (Zofran).

Decision rationale: The MTUS is silent on the use of Zofran. The Official Disability Guidelines (ODG) notes anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is FDA approved for nausea and vomiting secondary to

chemotherapy and radiation treatment, and also for postoperative use and acute use for gastroenteritis. The injured worker was prescribed Zofran in March 24, 2015. The injured worker denied nausea, vomiting, or constipation at the time the Zofran was prescribed. On May 12, 2015, the injured worker was noted to report vomiting and constipation without nausea. On June 10, 2015, the injured worker reported nausea, vomiting, and constipation. The documentation provided noted the injured worker's abdominal examination was normal, without any indication from the physician that the injured worker was evaluated for the cause of the increased symptoms. The injured worker was not noted to be undergoing radiation treatments or chemotherapy, nor had he undergone recent surgery. The documentation provided did not include the frequency of use or efficacy of the Zofran. Therefore, based on the guidelines, the request is not medically necessary.