

Case Number:	CM15-0186827		
Date Assigned:	09/28/2015	Date of Injury:	10/12/2009
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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 41 year old female with an industrial injury date of 07-09-2009 and cumulative trauma 10-05-2004 - 10-27-2009. Medical record review indicates she is being treated for right sacroiliitis, lumbar radiculopathy, myofascial pain syndrome and chronic pain syndrome. Subjective complaints (08-10-2015) included lumbar spine pain radiating down both legs, more so on the right. She also reported pain to her right sacroiliac region. She described her pain as being "constant, sharp, throbbing and aching" in nature. The pain was rated 8 out of 10 without and 4 out of 10 with medications. The injured worker was also complaining of nausea. Medical record review does not indicate the name of the injured worker's medications and refers to them as "medications." However, the treating physician documents in the 08-10-2015 note: "The patient is meeting the goals of opioid therapy. There are managing her pain adequately so she is able to function and perform activities of daily living." Prior treatments are documented as wrist braces, a back support, cane, physical therapy, four injections to the shoulders, four lumbar epidural injections, steroid injections to the hips, mental health testing, counseling and medications. Physical exam (08-10-2015) revealed tenderness to palpation over the bilateral quadratus lumborum and gluteal muscles and over the bilateral lumbar 4-lumbar 5 spinous processes with spasms. Other documented findings included tenderness to palpation over the right sacroiliac joint, decreased range of motion, positive straight leg raising on the right at 70 degree and positive Gaenslen's, Patrick's and Fabere testing were positive on the right. The treating physician documented: "I have reviewed the patient activity report from the Department of Justice demonstrating no unusual activity." The requested treatments are: Ondansetron 8 mg

#30 and Butrans patches 10 mc per hour #4. On 09-01-2015 the request for Ondansetron 8 mg #30 and Butrans patches 10 mc per hour #4 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg #30: 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 chapter and pg 64.

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. The claimant was provided Ondansetron with Butrans to prevent nausea related to medication. As noted below, it is not necessary to use Butrans. In this case, the claimant does not have the above diagnoses and Ondansetron is not medically necessary.

Butrans patches 10 mc/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.