

<b>Case Number:</b>	CM15-0187906		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 63 year old male with a date of injury on 12-02-2010. The injured worker is undergoing treatment for osteoarthritis of the ankle and-or foot and pain in joint involving ankle and foot. A physician progress note dated 09-08-2015 documents the injured worker's symptoms are severe and aggravated by ADL. His symptoms are worse. He walks with an antalgic gait. He has tenderness in the anterior ankle. He has crepitus present and flexibility is limited. Range of motion is limited by pain and strength is limited. There is documentation that his symptoms are relieved by rest. The treatment plan includes left total ankle arthroplasty using in-bone. He is not working. Treatment to date has includes diagnostic studies, medications, status post left ankle arthroscopy with synovectomy and cheilectomy of large bone spurs anterior on 09-03-2013, status post ligament reconstruction, physical therapy, injections, and bracing. Left ankle magnetic resonance imaging done on 04-06-2015 revealed advanced degenerative joint disease, no tibiotalar joint space. X rays done on 04-21-2015 revealed advanced degenerative joint disease, no tibiotalar joint space. On 09-16-2015, Utilization Review non-certified the request for Norco 10/325mg #60 (01-19-2014), per 09/08/15 order, Oxycodone 5mg #40, per 09/08/15 order, and Zofran 4mg #30, per 09/08/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, per 09/08/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records through 09/08/15, did not include documentation of the pain with and without medication, pain contract on file, no significant adverse effects or aberrant behavior, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325mg #60, per 09/08/15 order, is not medically necessary and appropriate for ongoing pain management.

**Oxycodone 5mg #40, per 09/08/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS recommends short acting opioids, such as Oxycodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The recent treating provider's notes have not included documentation of pain with and without medication, any significant adverse effects or aberrant behavior, pain contract on file, and objective functional improvement. The injured worker should continue follow-ups routinely, with appropriate documentation, and weaning of opioids reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, based on the available medical records and cited MTUS guidelines, the request for Oxycodone 5mg #40, per 09/08/15 order, is not medically necessary and appropriate.

**Zofran 4mg #30, per 09/08/15 order: 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 (updated 09/08/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic), Ondansetron (Zofran®) ODG Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** The CA MTUS is silent concerning the use of ondansetron (Zofran); however, the ODG is clear in stating that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. From the available treating physician notes, Zofran would not be appropriate for control of nausea and vomiting due to Norco and Oxycodone usage. Therefore, the request for Zofran 4mg #30, per 09/08/15 order, is not medically necessary and appropriate based on the provided information.