

Case Number:	CM15-0192976		
Date Assigned:	10/07/2015	Date of Injury:	10/11/2010
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, Illinois

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 38 year old female, who sustained an industrial injury on 10-11-10. The injured worker is being treated for chronic pain, lumbar disc displacement, status post fusion of lumbar fusion, bilateral sacroiliac pain and history of atelectasis. Treatment to date has included lumbar fusion (1-2014), sacroiliac joint injection, physical therapy, oral medications including Hydrocodone (which she notes is helpful), Ondansetron and topical Butrans (which was helpful but caused nausea) and home exercise program. On 8-18-15, the injured worker complains of low back pain with radiation down the bilateral lower extremities and is aggravated by activity; she rates the pain as 4 out of 10 with medications and 9 out of 10 without medications and unchanged from previous visit. She notes limitations of activities of daily living due to pain. She is currently not working. Physical exam performed on 8-18-15 revealed tenderness to palpation in spinal vertebral area L4-S1 with moderately limited range of motion secondary to pain; pain was significantly increased with flexion and extension. Positive Faber Patrick, bilateral Gaenslen's tests and pelvic rock test were noted. On 9-11-15 request for authorization was submitted for Ondansetron 4mg #30, Tizanidine 4mg #60, Hydrocodone 10-325mg #120 and Butrans 5mcg. On 9-21-15 request for Ondansetron 4mg #30, Tizanidine 4mg #60 and Butrans 5mcg 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:

Ondasetron 4mg (quantity: 30, 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 (ODG), Pain, Anti-emetics.

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

Decision rationale: The injured worker sustained a work related injury on 10-11-10. The medical records provided indicate the diagnosis of chronic pain, lumbar disc displacement, status post fusion of lumbar fusion, bilateral sacroiliac pain and history of atelectasis. Treatment to date has included lumbar fusion (1-2014), sacroiliac joint injection, physical therapy, oral medications including Hydrocodone (which she notes is helpful), Ondansetron and topical Butrans and home exercise program. The medical records provided for review do not indicate a medical necessity for Ondansetron 4mg (quantity: 30, no refills). The MTUS is silent on this medication, but the Official Disability Guidelines does not recommend it for nausea and vomiting secondary to chronic opioid use. The Medical records indicate the injured worker has opioid related nausea and the medication is being used to treat the nausea. The request is not medically necessary.

Tizanidine 4mg (quantity: 60, 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 (ODG), Pain, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 10-11-10. The medical records provided indicate the diagnosis of chronic pain, lumbar disc displacement, status post fusion of lumbar fusion, bilateral sacroiliac pain and history of atelectasis. Treatment to date has included lumbar fusion (1-2014), sacroiliac joint injection, physical therapy, oral medications including Hydrocodone (which she notes is helpful), Ondansetron and topical Butrans and home exercise program. The medical records provided for review do not indicate a medical necessity for Tizanidine 4mg (quantity: 60, no refills). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine (Zanaflex) is a centrally acting muscle relaxant that is FDA approved for management of spasticity; due to the risk of liver damage, it is recommended that individuals on this medication must do liver function tests at baseline, 1, 3, and 6 months. The medical records indicate the injured worker has been on this medication at least since 04/2015 without evidence of liver function monitoring. Besides, the medical records do not indicate the injured worker has acute exacerbation of low back pain. The request is not medically necessary.

Butrans 5mcg (quantity: 4, no refills): 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, 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, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 10-11-10. The medical records provided indicate the diagnosis of chronic pain, lumbar disc displacement, status post fusion of lumbar fusion, bilateral sacroiliac pain and history of atelectasis. Treatment to date has included lumbar fusion (1-2014), sacroiliac joint injection, physical therapy, oral medications including Hydrocodone (which she notes is helpful), Ondansetron and topical Butrans and home exercise program. The medical records provided for review do not indicate a medical necessity for Butrans 5mcg (quantity: 4, no refills). The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends monitoring pain and functional improvement on numerical values, and comparing with baseline if opioid is used for more than 6 months. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has been on this medication at least since 04/2015, but with no overall improvement. Also, the records indicate the injured worker is not properly monitored for aberrant behavior. The request is not medically necessary.