

<b>Case Number:</b>	CM15-0194805		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/09/1999
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male with an industrial injury date of 07-09-1999. Medical record review indicates he is being treated for cervical fusion with spinal stenosis and chronic pain syndrome. Subjective complaints (08-31-2015) included severe neck pain and nausea. Objective findings are documented as restricted range of motion. Work status is documented as permanent and stationary. Pain rating with and without medication and specific activities of daily living are not indicated. Medications (08-31-2015) are documented as Norco, Temazepam and Zofran. Medical record review indicates the injured worker has been taking Norco, Temazepam and Zofran at least since 04-14-2015. On 09-10-2015 the request for Norco 10-325 mg # 120 was modified to a quantity of 60 by utilization review. The request for Zofran 8 mg # 30 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:

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Norco 10/325 mg #120. The RFA is dated 09/02/15. Treatment history include cervical fusion (date of surgery is not provided), medications, and physical therapy. The patient is permanent and stationary, and remains of work. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/31/15, the patient presents with neck pain, and complaints of nausea and irritable bowel syndrome. Physical examination revealed decreased range of motion of the c-spine. The patient's current medications include Norco, Temazepam and Zofran. The patient has been utilizing Norco since at least 03/16/15, to help manage his chronic pain. In this case, the treater has not provided any discussion addressing the 4As as required by MTUS. There are no examples of specific ADLs which demonstrate medication efficacy nor are there any discussions on adverse behavior or side effects. No validated instruments are used, and there are no pain management issues discussed such as CURES report, UDS, or pain contract. The treater has not provided adequate documentation as required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

**Zofran 8 mg #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).

**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) Chapter, under Antiemetics.

**Decision rationale:** The current request is for Zofran 8 mg #30. The RFA is dated 09/02/15. Treatment history include cervical fusion, medications, and physical therapy. The patient is permanent and stationary, and remains of work. MTUS guidelines are silent on antiemetic medications, though ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Per report

08/31/15, the patient presents with neck pain, and complaints of nausea. Physical examination revealed decreased range of motion of the c-spine. The patient's current medications include Norco, Temazepam and Zofran. The patient has been utilizing Zofran since at least 03/16/15, for complaints of vertigo, nausea, and being "unable to keep food down." While the treater feels as though this is an appropriate intervention for this patient's vertigo and nauseous, guidelines only support medications of this class for patients undergoing chemotherapy, or as a post-operative measure. There is no indication of recent surgery which is causing the nausea, and it does not appear that the patient is currently undergoing any chemotherapy or radiation. Without documentation of a condition for which the use of this medication is considered appropriate, the request cannot be supported. The request is not medically necessary.