

Case Number:	CM15-0209730		
Date Assigned:	10/28/2015	Date of Injury:	01/25/2013
Decision Date:	12/17/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, New York, California

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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 2013. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for Effexor and Zofran, apparently prescribed and/or dispensed on or around October 7, 2015. The applicant's attorney subsequently appealed. On a Medical-legal Evaluation dated June 9, 2015, the medical-legal evaluator noted that the applicant was not working and had last worked at some point on or around June 2013. On August 6, 2015, the applicant reported ongoing complaints of low back pain, reportedly unchanged. The applicant contended that his medications were beneficial, noting that he was taking Norco for severe pain, Effexor for depression, naproxen for anti-inflammatory effect, and Prilosec for GI upset associated with NSAID consumption. The applicant's past medical history was notable for depression and anxiety, the treating provider reported. Cognitive behavioral therapy was sought. Little-to-no seeming discussion of the applicant's mood transpired. Naproxen, Effexor, and Norco were renewed while the applicant was placed off of work, on total temporary disability. On an RFA form dated October 10, 2015, Norco, Prilosec, Effexor, naproxen, and Zofran were endorsed. On an associated progress note dated October 7, 2015, the applicant again reported ongoing issues with chronic low back pain. The applicant stated that cognitive behavioral therapy had not proven beneficial. The applicant's depressive symptoms had worsened. The attending provider also suggested that current dosage of Effexor was suboptimal and/or ineffectual. Zofran was endorsed for what was characterized as opioid-induced nausea. Naproxen, Prilosec, and Norco were also endorsed. The dosage of Effexor was increased. The applicant was kept off of work, on total temporary disability, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Effexor XR (extended release) 75mg, #120 dispensed on 10/07/2015:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for Effexor, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Effexor often take "weeks" to exert their maximal effect. Here, the treating provider reported on the October 7, 2015 office visit at issue that usage of Effexor at a lower dosage had proven suboptimal. The applicant apparently had heightened symptoms of depression present on October 7, 2015. Increasing the dosage of Effexor in response to the applicant's incomplete response to a lower dose of the same was, thus, indicated. Therefore, the request is medically necessary.

Zofran ODT (orally disintegrating tablets) 8mg, #10: 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 Chapter - Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for opioid nausea), Pain (Chronic) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Zofran, an anti-emetic medication, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the attending provider suggested that the claimant employ Zofran for opioid-induced nausea, i.e., a non-FDA labeled role and a role which runs counter to ODG's Chronic Pain Chapter Antiemetics topic, which likewise notes that antiemetics such as Zofran are not recommended for nausea associated with chronic opioid usage. Therefore, the request is not medically necessary.