

<b>Case Number:</b>	CM15-0212216		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/27/1999
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New Jersey

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 54 year old male, who sustained an industrial injury on 4-27-15. The injured worker was diagnosed as having cervical sprain-strain syndrome; cervicogenic headaches; mild cervical dystonia; reactionary depression-anxiety. Medication induced gastritis; sleep apnea; hypogonadism secondary to chronic opiate use. Treatment to date has included status post anterior cervical disc fusion (ACDF) at C5-5 and C6-7 (4-5-02); status post right shoulder arthroscopy rotator cuff repair (3-11-05); status post cervical-occipital spinal cord stimulator (SCS) implant (11-29-07); status post right ulnar bone shortening with ulnar nerve transposition-wrist reconstruction (12-29-09)status post removal SCS (9-8-11); physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 9-20-15 indicated the injured worker returns to the office for a re-evaluation. He continues to have ongoing pain in his neck with cervicogenic headaches as well as pain radiating down to his right upper extremity and with both lower extremity right greater than left. The provider notes, "His pain can go as high as 8 out of 10 in intensity but on his current medical regimen it is decreased to 5 out of 10." He has a diagnosis of cervical postlaminectomy syndrome and is status post ACDF at C5-6 and C6-7 (4-2002). The provider lists medications as OxyContin 40mg twice a day, Norco 10-325mg for breakthrough pain,; occasionally Flexeril; Remeron to help sleep at night. The provider notes that without these medications the injured worker is basically "bedridden and unable to perform hardly any activities of daily living." The provider also notes he cooks for himself, cleans a little, does some mild stretching exercises and gets out of the house and walks and is able to operate an automobile. He uses a TENS unit on a regular basis to alleviate myospasms in the neck. The

injured worker complained of fullness as well as a bulge in his abdomen. He was referred for a CT of the abdomen but this has not been certified. He is scheduled for an endoscopy and colonoscopy 8-26-15. PR-2 notes dated 8-13-15 and 7-14-15 indicate the injured worker was on these same medications with the same to similar complaints; pain levels of intensity and treatment plan. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-30-15 and non-certification for Fiorinal #3 for #90; and Zofran 8mg for #10. Utilization Review modified the certification FOR Norco 10-325mg #180 to authorize #90 and non-certify the remaining #90. A request for authorization has been received for Fiorinal #3 for #90; Norco 10-325mg #180 and Zofran 8mg for #10.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fiorinal No. 3 #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Barbiturate-containing analgesic agents, opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** Fiorinal #3 contains codeine, caffeine, aspirin, and butalbital. The MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound headache is high, and no evidence exists that shows clinically important efficacy. The MTUS Chronic Pain Medical Treatment Guidelines also state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting found showing benefit without rebound headaches related to ongoing Fiorinal use. Also, Guidelines generally discourage use of this medication for chronic pain use as it had been used by the worker. Therefore, this request for Fiorinal is not medically necessary. Weaning is recommended.

#### **Norco 10/325mg #180: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it appears after reviewing the documentation that there was sufficient evidence of functional gains with Norco use as well as pain level reduction, as when not using Norco and Oxycontin his symptoms worsen and he is essentially bedridden. Therefore, this request for ongoing use of Norco is medically necessary.

**Zofran 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, Pain, Ondansetron (Zofran), Antiemetics (for opioid nausea).

**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, anti-emetic use for opioid-related nausea, Zofran.

**Decision rationale:** The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemotherapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long-term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, Zofran was recommended to help treat nausea. However, there was no clear evidence for a justified indication for this particular medication to be used regularly. It appears that it was used for opioid-induced nausea, which is not warranted. There was also no report found suggesting other anti-emetics were tried and failed prior to recommending Zofran. Also, it was not stated how effective this medication was at reducing nausea. Therefore, this request for Zofran is not medically necessary.