

Case Number:	CM15-0224679		
Date Assigned:	11/23/2015	Date of Injury:	07/19/2012
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 50 year old male, who sustained an industrial injury on July 19, 2012. The injured worker was undergoing treatment for chronic neck pain, depression, diabetes, cervical facet syndrome, cervical stenosis, cervical spondylosis, lumbar stenosis, lumbar spondylosis and lumbar disc herniation. According to progress note of October 9, 2015, the injured worker's chief complaint was chronic pain of multiple areas. The injured worker reported the pain was tolerable with medications. The injured worker was able to do activities of daily living activities and live an active social life when the pain was tolerable. The injured worker took Norco for severe pain, Gabapentin for neuropathic pain and Ibuprofen as needed for anti-inflammatory. The injured worker was given Amitriptyline for the nighttime headaches. The injured worker reported occasional nausea with medications. The injured worker described the pain as aching, occasionally stabbing in the neck and low back. The low back pain was radiated into the legs. The pain was rated 10 out of 10 without pain medications and 6 out of 10 with medications. The pain was worse with prolonged sitting, standing, walking, bending and lifting. The physical exam noted moderate tenderness over the cervical paraspinals. There was tenderness over the cervical facet joints. There was increased pain with extension. The motor strength of the muscle groups tested in the upper extremities was 5 out of 5. The sensation was intact in the upper extremities. The lumbar spine noted a normal heel and toe progression. The lumbar spine MRI showed spondylosis causing no significant spinal stenosis and moderate right foraminal stenosis at the L5-S1 level with no acute compression deformity. The injured worker previously received the following treatments home exercise program, Norco 10-325mg since

August 29, 2012; Ibuprofen, Zofran 8mg since June 3, 2015, Cyclobenzaprine, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities showed S1 radiculopathy. The RFA (request for authorization) dated October 9, 2015; the following treatments were requested prescription for Norco 10-325mg #120. The UR (utilization review board) denied certification on October 20, 2015; for prescription for Norco 10-325 #120, which was modified to 10-325mg #45, and Zofran 8mg #10, which was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term Norco (since 2012) without significant evidence of increase in function, therefore the request for continued Norco is not medically necessary.

Zofran ODT 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 (Chronic), Antiemetics (for opioid nausea) (2015).

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)- Antiemetics (for opioid nausea).

Decision rationale: Zofran ODT 8mg #10 is not medically necessary per the ODG Guidelines. The MTUS does not specifically address Ondansetron (Zofran). The ODG does not recommend Ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. There is no documentation that this

Odansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment, therefore this medication is not medically necessary.