

<b>Case Number:</b>	CM15-0036447		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, California  
 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 51 year old female who sustained an industrial injury on 1-20-99. Diagnoses are noted as cervicalgia, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis, or radiculitis unspecified, lumbago, myalgia and myositis unspecified, other symptom referable to back, chronic pain syndrome, brachial neuritis or radiculitis not otherwise specified, and unspecified internal derangement of knee, pain in joint, ankle and foot. The patient has had a history of cervical fusion. In a progress report dated 2-4-15, the physician notes head pain and muscle pain became very severe about 2 weeks ago. Complaint is of severe left neck and trapezius pain. Pain is rated at 9 out of 10 without medication and 8 out of 10 with medication. She reports severe interference with work, concentration, sleeping patterns and overall functioning. Pain medication is noted to keep pain within a manageable level allowing for necessary activities of daily living. It is noted her medications continue to be beneficial, especially the Zofran as it provides relief of nausea from pain medication. Medications are noted as Dilaudid, Percocet, Zofran, Zomig, Soma, and Valium. Objective exam notes an antalgic gait, tenderness and restricted range of motion of the cervical and lumbar spine. Straight leg raise is positive. Bilateral knee crepitus, is noted and it is noted that the provider was unable to examine due to guarding and pain. Previous treatment includes heat, ice, rest, gentle stretching and exercise, medication, and cervical epidural steroid injection on 8/5/14. The patient has had history of nausea with pain medication that was relieved with Zofran. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The patient has had MRI of the lumbar spine on 4/2/06 that revealed disc protrusions and foraminal

narrowing, and CT scan of the cervical spine on 5/31/13 that revealed foraminal narrowing, and degenerative changes. A recent urine drug screen report was not specified in the records provided.

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

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

#### **2 Percocet 10/325 MG Twice Daily #60 0 Refills: Overturned**

**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, criteria for use.

**Decision rationale:** 2 Percocet 10/325 MG Twice Daily #60 0 Refills. This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Diagnoses are noted as cervicgia, postlaminectomy syndrome of lumbar region. The patient has had a history of cervical fusion. In a progress report dated 2-4-15, the physician notes head pain and muscle pain became very severe about 2 weeks ago. Complaint is of severe left neck and trapezius pain. She reports severe interference with work, concentration, sleeping patterns and overall functioning. Pain medication is noted to keep pain within a manageable level allowing for necessary activities of daily living. Objective exam notes an antalgic gait, tenderness and restricted range of motion of the cervical and lumbar spine. Straight leg raise is positive. Bilateral knee crepitus is noted and it is noted that the provider was unable to examine due to guarding and pain. The patient has had a MRI of the lumbar spine on 4/2/06 that revealed disc protrusions and foraminal narrowing, and CT scan of the cervical spine on 5/31/13 that revealed foraminal narrowing, and degenerative changes. Therefore the patient has chronic pain along with significant abnormal objective findings. Patient has had a trial of non opioid medications including a muscle relaxant for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/prn basis. The request for Percocet 10/325 MG Twice Daily #60 0 Refills is medically necessary.

#### **Zofran 4 MG Tab Twice A Day #60 0 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated

10/09/15), Antiemetics (for opioid nausea), Thompson micromedex, Ondansetron, FDA labeled indication.

**Decision rationale:** Zofran 4 MG Tab Twice A Day #60 0 Refills. Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG and Thompson Micromedex was used. Per ODG, "Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use." "Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy." According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, "Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis." A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. Abnormal findings on GI examination were not specified in the records provided. Evidence of Chemotherapy-induced nausea and vomiting, Postoperative nausea and vomiting; and Radiation-induced nausea and vomiting was not specified in the records specified. As per the cited guideline nausea and vomiting is common with the use of opioids and these side effects tend to diminish over days to weeks of continued exposure. In addition studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. An evaluation of other etiologies of nausea and vomiting were not specified in the records specified. The clinical information submitted for this review does not establish the medical necessity of the Zofran 4 MG Tab Twice a Day #60 0 Refills for this patient at this juncture. The request is not medically necessary.