

Case Number:	CM15-0054500		
Date Assigned:	03/27/2015	Date of Injury:	09/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 67-year-old who has filed a claim for chronic low back, shoulder, and leg pain with derivative complaints of depression, anxiety, and headaches reportedly associated with an industrial injury of September 21, 2012. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Norco and Zofran. A partial approval for Norco was apparently issued for tapering or weaning purposes. A March 5, 2015 RFA form was referenced in the determination, along with a progress note of February 5, 2015. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 16, 2015, the applicant reported ongoing complaints of shoulder, arm, hand, and low back pain, 4-6/10. Norco and Fioricet were apparently renewed while the applicant was placed off of work, on total temporary disability. No discussion of medication efficacy transpired. In a handwritten progress note dated February 5, 2015, the applicant was again placed off of work, on total temporary disability. Highly variable 4-8/10 low back pain complaints were reported. Norco, Zofran, and Cymbalta were endorsed. It was not clearly stated for what purpose Zofran was being employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg quantity: 60.00: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> U.S. Food and Drug Administration Ondansetron (marketed as Zofran)

Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: No, the request for Zofran (ondansetron), an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider using 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 notes that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiating therapy, and/or surgery. Here, however, it appeared that the attending provider and/or applicant were intent on employing Zofran for opioid-induced nausea. This is not an FDA-approved usage of Zofran. The attending provider's handwritten progress notes contained little in the way of applicant-specific rationale or medical evidence so as to offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

Norco 10/325mg quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on handwritten progress notes of February 5, 2015 and February 16, 2015. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

