

Case Number:	CM15-0057690		
Date Assigned:	04/02/2015	Date of Injury:	02/22/2010
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 02/22/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, diagnostic studies, left knee surgery, lumbar fusion (07/2012 & 08/2012) and revision (09/2013) with hardware removal (12/17/2014). Currently, the injured worker complains of continued low and mid back pain with spasms, difficulty sleeping, depressed feeling and anxiety. The diagnoses include cervical disc disease, status lumbar fusion surgery and hardware removal, and hypertension (stable). The treatment plan consisted of medications (including ondansetron and carisoprodol), referral for chronic pain management, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #30: 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), 2014 (pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents on 02/13/15 with lower back pain rated 9/10 with associated muscle spasms in the lumbar spine. The patient's date of injury is 02/22/10. Patient is status post left knee arthroscopy at a date unspecified, status post lumbar fusion at L5-S1 in July 2012, lumbar fusion L5-S1 revision in September 2012, and subsequent hardware removal on 12/17/14. The request is for ONDANSETRON 4MG #30. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of the lumbar paraspinal muscles and cervical paraspinal muscles. The patient is currently prescribed Oxycontin. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS guidelines are silent on antiemetic medications, though ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In regard to Zofran, presumably for this patient's nausea secondary to Oxycontin use, this medication is not supported by guidelines for chronic opioid-induced nausea. It is not clear how long this patient has been taking Zofran, or to what effect, as there is no discussion of this medication's initiation or an RFA provided. This patient has been prescribed Oxycontin for severe lower back pain since at least 12/15/14, though there is no discussion of nausea or vomiting secondary to its use in the subsequent reports. Progress notes do not include any discussion of other GI complaints for which this medication could be utilized, therefore it must be assumed that it is prescribed for opioid-induced nausea. However, guidelines do not support the use of this medication for nausea and vomiting secondary to chronic opioid use. Without a clearer rationale for this medication's utilization outside of opioid-induced nausea, medical necessity cannot be substantiated. The request IS NOT medically necessary.

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants Page(s): 29, 63-66.

Decision rationale: The patient presents on 02/13/15 with lower back pain rated 9/10 with associated muscle spasms in the lumbar spine. The patient's date of injury is 02/22/10. Patient is status post left knee arthroscopy at a date unspecified, status post lumbar fusion at L5-S1 in July 2012, lumbar fusion L5-S1 revision in September 2012, and subsequent hardware removal on 12/17/14. The request is for CARISPRODOL 350MG #90. The RFA was not provided. Physical examination dated 02/13/15 reveals tenderness to palpation of the lumbar paraspinal muscles and cervical paraspinal muscles. The patient is currently prescribed Oxycontin. Diagnostic imaging

was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to Soma for this patient's chronic lower back pain and muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Soma since at least 12/15/14. Guidelines do not support the use of this medication for periods longer than 2-3 weeks. The requested 90 tablets in addition to it's use since 12/15/14 does not imply the intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.