

Case Number:	CM15-0086341		
Date Assigned:	05/08/2015	Date of Injury:	09/18/2014
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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, Illinois

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 specific office visit note on 04/9/15 was not found in the documents sent for review. Nevertheless, the visit notes before and after this date were found. The injured worker is a 25 year old male, who sustained an industrial injury on 9/18/2014. He reported injury from cleaning and twisting. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbosacral neuritis/radiculitis, lumbar disc displacement without myelopathy and spinal anomaly. Lumbar x rays and magnetic resonance imaging showed multilevel degenerative changes and foraminal disc protrusion at sacral 1. Treatment to date has included lumbar epidural steroid injection and medication management. In a progress note dated 4/9/2015, the injured worker complains of low back pain and left leg pain. Documentation does not give a pain rating or effectiveness of medications, but does state the injured worker has a pending anterior lumbar interbody fusion. The treating physician is requesting Norco 5/325 mg #60 with one refill and Zofran 8 mg #6 with one refill with a date of service of 4/9/2015 for both medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325 mg #60 with 1 refill with a date of service of 4/9/2015:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/18/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbosacral neuritis/radiculitis, lumbar disc displacement without myelopathy and spinal anomaly. Treatments have included lumbar epidural steroid injection and medication management. The medical records provided for review do indicate a medical necessity for retrospective Norco 5/325 mg #60 with 1 refill with a date of service of 4/9/2015. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reviewed indicate the injured worker has severe loss in the range of motion of the back, sensory loss and weakness of the left lower extremity as well as positive left straight leg raise; the MRI was positive for herniated nucleus pulposus. The 03/31/15 note indicates he was given a pre-surgery appointment on 04/9/15; a post-surgery appointment on 04/30/15 for anterior lumbar decompression and interbody arthrodesis lumbar sacral motion; the surgery date was 04/21/15. Therefore, although the specific office visit date note was not found in the document reviewed we have enough evidence to indicate that the prescribed medication was for postoperative use. Prior to this time the injured worker had been on Tramadol, Ibuprofen and Flexeril; the only other time the records showed the injured worker was on this medication was in 2013, and that was for a different injury. As such, this request is medically necessary.

Retrospective Zofran 8 mg #6 with 1 refill with a date of service of 4/9/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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: The injured worker sustained a work related injury on 9/18/2014. The medical records provided indicate the diagnosis of lumbar herniated nucleus pulposus, lumbosacral neuritis/radiculitis, lumbar disc displacement without myelopathy and spinal anomaly. Treatments have included lumbar epidural steroid injection and medication management. The medical records provided for review do indicate a medical necessity for the injured worker sustained a work related injury on 9/18/2014. The medical records provided

indicate the diagnosis of lumbar herniated nucleus pulposus, lumbosacral neuritis/radiculitis, lumbar disc displacement without myelopathy and spinal anomaly. Treatments have included lumbar epidural steroid injection and medication management. The medical records provided for review do indicate a medical necessity for Retrospective Zofran 8 mg #6 with 1 refill with a date of service of 4/9/2015. Ondansetron (Zofran) is a serotonin 5-HT3 receptor antagonist which is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use, and for gastroenteritis. The medical records indicate the injured worker had surgery on 04/21/15.