

Case Number:	CM15-0086378		
Date Assigned:	05/08/2015	Date of Injury:	02/11/2004
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
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: California
 Certification(s)/Specialty: Internal 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 is a 67 year-old male, who sustained an industrial injury on 02/11/2004. He has reported injury to the left hand, wrist, and forearm. The diagnoses have included other lesion of medial nerve; and osteoarthritis of hand. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included OxyContin, Neurontin, and Zofran. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain located in the left hand, wrist, forearm, and elbow; pain radiates up to the elbow area; pain is rated 7-9/10, on average, on the visual analog scale without pain medications, and rated 5/10 with medications; and pain is improved by ice, heat, physical therapy and medication. Objective findings included no swelling, redness, or ecchymosis of the left wrist/hand; normal flexion and extension and normal ulnar and radial deviation; normal grip, normal strength of flexors and extensors; normal touch and pain sensations; non-tender upon palpation throughout; and unable to make a full fist. The treatment plan has included the request for OxyContin ER 40mg one every 12 hours; and Zofran ODT tablet dispersible 4mg 1 tablet on the tongue and allow to dissolve every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg 1 every 12 hours: 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 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The medical records document a history of left PIP proximal interphalangeal volar plate release with flexor tenolysis and contracture release; repair of fractures, tendon lacerations and median nerve laceration at the left wrist and thumb; post-traumatic stiffness left wrist and hand; surgical repair of the ulnar artery, ligaments, tendons, and thumb fracture on 2/13/04; surgery on 11/10/05 to repair the left long finger proximal interphalangeal contracture, lesion of median nerve, osteoarthritis. Request for authorization (RFA) dated 4/9/15 documented a request for Opana ER 40 mg #60. The progress report dated 3/30/15 documented the prescription of Opana ER 40 mg #60. Pain agreement was signed by the patient. Prescription drug monitoring program controlled substance utilization review and evaluation system report was reviewed. Analgesia and benefit from medications were documented. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations and monitoring. The request for Opana ER is supported by the MTUS guidelines. Therefore, the request for Opana ER 40 mg #60 is medically necessary.

Zofran ODT tablet dispersible 4mg 1 tablet on the tongue and allow to dissolve every 8 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics (for opioids nausea).

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) Ondansetron (Zofran). FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. The progress report dated 3/30/15 documented that the patient denies nausea or vomiting. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. The request for Ondansetron (Zofran) is not supported by the medical records and ODG and FDA guidelines. Therefore, the request for Zofran (Ondansetron) is not medically necessary.