

Case Number:	CM15-0243662		
Date Assigned:	12/18/2015	Date of Injury:	04/27/1999
Decision Date:	01/22/2016	UR Denial Date:	11/26/2015
Priority:	Standard	Application Received:	12/08/2015

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: Arizona, 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 54 year old male who sustained an industrial injury on 4-27-99. A review of the medical records indicates that the worker is undergoing treatment for cervical spine sprain-strain syndrome, cervicogenic headaches, mild cervical dystonia, status post anterior cervical discectomy and fusion C5-6 and C6-7 (4-5-02), status post right shoulder rotator cuff repair (3-11-05), reactionary depression-anxiety, medication induced gastritis with chronic nausea, positive provocative discogram at C2-3 and C3-4 (2-1-07), cervical and occipital spinal cord stimulator (11-29-07), status post right ulnar bone shortening with ulnar nerve transposition and wrist reconstruction (12-29-09), status post removal of cervical spinal cord stimulator (9-8-11), sleep apnea, and hypogonadism secondary to chronic opiate use. Subjective complaints (11-16-15) include neck pain with cervicogenic headaches and pain radiating to the right upper extremity, numbness and weakness in the right hand and pain rated as high as 8 out of 10 but on current medication is decreased to 5 out of 10. It is noted, medication is required to help with activities of daily living; cooking, cleaning the house, perform mild stretching exercises, walk, and operate an automobile and without Oxycontin and Norco, it is reported that the worker is basically bedridden and unable to effectively participate in family activities, socialize, or interact with other people. Work status was noted as recently retired. Objective findings (11-16-15) include he moves slowly and has difficulty transitioning from a seated to standing position, tenderness to palpation and increased muscle rigidity of the cervical musculature, palpable trigger points (cervical paraspinal muscles), decreased cervical spine range of motion, decreased bilateral shoulder range of motion, more on the right, decreased sensation along the

posterolateral arm and forearm on the right when compared to the left to pinprick wheel and reflexes are 1+ throughout the upper extremities. The physician notes progressively worsening symptoms, especially with numbness and tingling and feeling as though he cannot move his arms in the morning or at night when sleeping. Difficulty swallowing was also noted and that it appears the fusion hardware may be causing these issues. He was evaluated by 2 spine surgeons, both noted as recommending surgery. Previous treatment includes surgery, medication, spinal cord stimulator (removal 9-8-11), and transcutaneous electrical nerve stimulator use. The treatment plan includes Norco 10-325mg #180, Oxycontin 40mg #60, he has prescription refills for Fiorinal from his last visit, was dispensed in the office; Prilosec 20mg #60, Zofran ODT 8mg #10, Remeron 15mg #60 and Anaprox DS 550mg #60, follow-up with internist and gastroenterologist, follow-up with neurosurgeon who is considering further surgical intervention, and follow up in one month. It is noted the worker remains hesitant to proceed with surgery at this time and feels his current medical regimen enables him to function on a daily basis as well as avoid surgery in the near future. A request for authorization is dated 11-16-15. The requested treatment of Norco 10-325mg #180 was modified to #21 and Zofran 8mg #10 was non-certified on 11-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10-325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Oxycontin. The combined dose exceeded the 120 mg of Morphine recommended for daily use. The continued use of Norco is not medically necessary.

10 Zofran 8 MG: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses but rather chronic medication induced nausea. Since the quantity of opioids prescribed is unnecessary, the nausea will likely reduced with reduced use of opioids. The continued use of Zofran is not medically necessary.