MAXIMUS Federal Services

Case Number:	CM14-0120340		
Date Assigned:	08/06/2014	Date of Injury:	03/13/2011
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male who sustained a work related injury on 03/13/2014 as a result of a wire cage full of mail become stuck while moving it onto a palette jack that pulled the patient in the opposite direction causing neck pain. Since his injury, he has had issues with neck pain to the point of requiring surgery. He underwent an anterior approach cervical discectomy and inter-body fusion of C4-C7 on 08/29/2011. However, a CT scan on 10/17/2011 found loosening of the right C7 screw and the patient had to undergo a revision to fix the screw. On 04/12/2013 he underwent a posterior cervical fusion and instrumentation of C4 - C6. He continues to experience neck discomfort following these procedures. After these procedures, the patient continues to experience neck pain, rated at 7-8/10, particularly at night that is leading to sleep disturbance. His pain is aggravated by leaning forward, lifting, lying on his back or side, and rising from sitting, standing or walking long distances. He reports headaches and anxiety as well. His neck is tight and feels spasms in the left. On exam has tenderness at C2-4 with trigger points in paraspinal and scapular muscles. Cervical range of motion is decrease in all planes. Spurling test is negative. Neurologically has diffuse symmetric weakness of bilateral upper extremity musculature with reduced pinprick and light touch sensation of the trapezius (R > L). The patient has incurred three separate emergency room visits because of 'pain flare' with associated nausea that occurs at the time of pain flare and was given additional medication for his pain and Zofran for nausea. Per the Encounter Summary dated 07/29/2014, the patient is taking the following opioid pain medications: Hydrocodone 10mg - acetaminophen 325mg, 1 tablet my mouth every 4-6 hours; Hydromorphone 2mg, one tablet by mouth every 3 hours as needed for pain and Oxycodone 30mg, one tablet by mouth every 8 hours. In dispute is a decision for Zofran ODT (Orally Disintegrating Tablet) 4 mg. #30 and Oxycodone 30 mg. #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT (Orally Disintegrating Tablet) 4 mg. #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html

Decision rationale: Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT3 receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. Ondansetron comes as a tablet, a rapidly disintegrating (dissolving) tablet, and an oral solution (liquid) to take by mouth. The first dose of ondansetron is usually taken 30 minutes before the start of chemotherapy, 1 to 2 hours before the start of radiation therapy, or 1 hour before surgery. Additional doses are sometimes taken one to three times a day during chemotherapy or radiation therapy and for 1 to 2 days after the end of treatment. Because the patient is experiencing nausea with pain flares, having an antiemetic available is more cost effective than trips to the emergency room. I find the medication medically necessary.

Oxycodone 30 mg. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatmetns Page(s): 75, 86, 88, 91. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.nyc.gov/html/doh/html/mental/MME.html b) After a professional and thorough review of the documents, my analysis is that the above listed issue

Decision rationale: Opioid Classifications (Oxycodone): Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Dosage should be based on the oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours as needed (prn) may all this required to provide analgesia. Note: Maximum daily dose is based on acetaminophen content (Maximum 4000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hour s prn pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other

caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Based upon the dosing of the patient's opioid medications combined, he is ingesting 223 morphine milligram equivalents of narcotics. This far exceeds the 120mg-authorized level. This is excessive, in particular when you consider the patient's size and weight. The request is denied as it is not medically indicated.