MAXIMUS Federal Services

Case Number:	CM14-0142316		
Date Assigned:	09/10/2014	Date of Injury:	09/09/2003
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine, and is licensed to practice in California 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and earlier lumbar laminectomy. In a Utilization Review Report dated July 31, 2014, the claims administrator approved a request for duloxetine, partially certified a request for Norco, approved a request for senna-docusate, and denied a request for Ondansetron (Zofran). The applicant's attorney subsequently appealed. In a progress note dated July 17, 2014, the applicant reported persistent complaints of low back pain radiating into left leg, 8/10. The attending provider then stated, somewhat incongruously, that the applicant's medications were helping. The applicant was off of work, on total temporary disability, it was stated in one section of the report. In another section of the report, it was stated that the applicant was not represented while yet another section of the report listed the name of the applicant's new attorney. The applicant was using Cymbalta, Norco, Zofran, Subsys, methadone, Norco, and Desyrel, it was stated. The applicant was obese, with a BMI of 36. The attending provider stated that the medications in question were helping the applicant to function but did not elaborate as to what function or functions had been specifically improved. In a progress note dated May 22, 2014, the attending provider again stated that the applicant's medications were working well but then went on to report pain scores of 7/10 in another section of the report. The applicant was off of work, on total temporary disability, it was stated. Multiple medications were renewed. Once again, the attending provider did not outline any material improvements in function achieved as a result of ongoing medication consumption. The stated diagnoses included chronic low back pain, medication sensitivity, depression, anxiety, and history of opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCl 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine section Page(s): 7, 15.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that duloxetine or Cymbalta is FDA approved in the treatment of anxiety and depression, both of which are present here, and can be employed off-labeled for radiculopathy, also present here, in this case, however, it was not clearly stated for what purpose duloxetine was being employed. It is further noted that this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant continues to report pain levels as high as 7-8/10, despite ongoing usage of Cymbalta. The attending provider has failed to outline any improvements in mood or function achieved as a result of ongoing Cymbalta usage. Ongoing usage of Cymbalta has failed to curtail the applicant's usage of several opioid agents, including methadone, Norco, Subsys, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of duloxetine (Cymbalta). Therefore, the request is not medically necessary.

Methadone 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. When to Continue Opioids topic. Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, no compelling rationale for selection of three different opioid agents, namely methadone, Norco, and Subsys, was proffered by the attending provider. It was further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to achieve any significant decrement in pain scores with the same. The applicant continues to report pain as high as 7-8/10, despite ongoing methadone usage. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability. The attending provider has failed to describe or characterize any specific

improvements in function achieved as a result of ongoing methadone usage. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. When to Continue Opioids topic. Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider has failed to outline a compelling rationale for provision of three separate opioid agents, methadone, Norco, and Subsys and further noted that, as with the request for methadone, the applicant seemingly fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant is off of work, on total temporary disability. The applicant continues to report pain scores as high as 7-8/10, despite ongoing opioid usage, including ongoing Norco usage. The attending provider has failed to outline any material increments in function achieved as a result of ongoing hydrocodone-acetaminophen usage, it was further noted. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Senna: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants in whom opioid therapy has been initiated. In this case, as noted above, the applicant is using three separate opioid agents, Norco, Subsys, and methadone. Prophylactic provision of a laxative agent, senna, is therefore indicated. Accordingly, the request is medically necessary.

Ondansetron HCL 8 mg #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 - Medication for nausea

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: <Insert Other Basis/Criteria>
http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of sero

Decision rationale: While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant underwent any recent surgery and/or received cancer chemotherapy or radiation therapy. Rather, it appears that the attending provider furnished the applicant with a prescription for Zofran for opioid-induced nausea (although this was not explicitly stated). This is not an FDA-approved role for ondansetron, however. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.