

Case Number:	CM14-0171597		
Date Assigned:	10/23/2014	Date of Injury:	01/20/2010
Decision Date:	11/25/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family 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:

Patient is a 32 year old male with a date of injury on 1/20/2010. Diagnoses include lumbago, sciatica, and chronic pain syndrome. Subjective complaints are of slight agitation from withdrawal. No current objective findings were noted, but documentation indicated the patient was given a detailed conversation regarding medication detoxification and extended counseling. Office records from 10/9/14 indicate that the patient was to continue on Suboxone 4mg. Records indicate that the patient was to discontinue Butrans, Exalgo, Percocet, and Suboxone 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zuplenz 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2009, p. 1688; Official Disability Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, ANTIEMETICS Other Medical Treatment Guideline or Medical Evidence: FDA: ONDANSETRON www.drugs.com

Decision rationale: Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy, and for acute symptoms of gastroenteritis. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. For this patient there is no evidence of surgery or chemotherapy, or documentation of acute nausea or vomiting. Therefore, the requested prescription for Ondansetron is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. Guidelines indicate that opioid use may be discontinued due to patient request or after detoxification. Submitted records show the patient had underwent detoxification and Percocet was to be discontinued. Therefore, the medical necessity of Percocet is not established.

Exalgo ER 12mg #90: Upheld

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 OPIOIDS Page(s): 74-96.

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. Guidelines indicate that opioid use may be discontinued due to patient request or after detoxification. Submitted records show the patient had underwent detoxification and Exalgo was to be discontinued. Therefore, the medical necessity of Exalgo is not established.