

<b>Case Number:</b>	CM14-0174451		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/19/2002
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Iowa. 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 52 year-old female with a date of injury of 4/19/2002. Only the utilization review was available for review; no primary records from the treating physician were provided. Review of that documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (9/17/2014) include depression, tiredness, nausea and vomiting, and changes in bowel habits. Objective findings (9/17/2014) included a normal blood pressure reading. Diagnoses include lumbar disc displacement, lumbago, obesity, internal derangement of the knee, hypertension, and acute gastritis. The utilization review indicated that treatment included diagnostics and medications. The utilization review dated 10/1/2014 did not certify the request for Hydrocodone/APAP 5/325 #90, Ondansetron 8 mg #30, and Omeprazole 20 mg#90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Hydrocodone/APAP (Norco) 5.325 mg #90 with a date of service of 9/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. There is very limited information available for review. Given the patient had an injury many years in the past, it is very possible that the treatment length exceeds the 2 week recommendation for treatment length. Due to the lack of records, there is no documentation regarding the reported pain over time or specific improvement while on this medication. Therefore, the request for Hydrocodone/APAP 5/325 #90 is not medically necessary at this time.

**Retrospective request for Ondansetron 8 mg #30 with a date of service of 9/17/2014:**  
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:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea)

**Decision rationale:** Ondansetron (Zofran) is an antiemetic, and nausea is a known side effect of chronic opioid use. ODG does not recommend use of an antiemetic for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. There is very limited information available for review. There is evidence that the patient has nausea and vomiting, and it is possible this is due to chronic opioid use. However, there is no indication the patient is undergoing chemotherapy, radiation treatment, or is postoperative. Due to the lack of records, there is no additional documentation to justify the use of an antiemetic in this patient. Therefore, the request for Ondansetron 8 mg #30 is not medically necessary at this time.

**Retrospective request for Omeprazole 20 mg #90 with a date of service of 9/17/2014:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). MTUS guidelines state that medications for gastrointestinal (GI) symptoms are recommended if the patient is at risk for gastrointestinal events. Risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID). Patients who are at intermediate risk for gastrointestinal events and no cardiovascular disease may be indicated for (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has significant side effects including increased risk of hip fracture. There is very limited information available for review, but the available medical documentation does not provide documented history of GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors. Due to the lack of records, there is no additional evidence to justify the use of a proton pump inhibitor in this patient. Therefore, the request for Omeprazole 20 mg #90 is not medically necessary at this time.