MAXIMUS Federal Services

Case Number:	CM14-0184020		
Date Assigned:	11/10/2014	Date of Injury:	04/12/2002
Decision Date:	12/26/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 57-year-old man with a date of injury 4/12/02. He presents with chronic neck and back pain. He is status post spinal cord stimulator placement. There has been increase in neck pain and improvement in back pain since placement of spinal cord stimulator. Pain is described as 8/10. Pain reportedly improves with pain medication. The patient also reports constipation and nausea. Physical examination identifies evidence of antalgic gait with a single-point cane. There is tenderness on the lumbar paraspinal muscles. There is decreased sensation in L4-S1 dermatomes. Straight leg raise test was positive bilaterally at 60. On 9/24/14, the injured worker was provided with a prescription for MS Contin 15 mg every 12 hours for pain and Ondansetron 4mg for nausea. A trial of Butrans 10mcg was planned and subsequent discontinuation of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran, Antiemetics

Decision rationale: The injured worker is being treated for chronic neck and back pain. Reported pain level ranges from 7-8/10 with pain medications resulted in reported improvement in daily functioning. There is also report of stomach pain from a hernia, chills, nausea and headaches. Ondansetron is indicated for heme emetogenic chemotherapy. Official Disability Guidelines does not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use for chronic non-malignant pain. Records indicate that the injured worker is being prescribed Ondansetron as a trial for nausea. The patient is not receiving cancer treatment. Documentation does not provide adequate rationale for deviation from indicated use of Ondansetron and ODG guidelines. The request is therefore not medically necessary.

MS Contin 15mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing management; Buprenorphine Page(s): 78-79; 99 26-27.

Decision rationale: The injured worker is being treated for chronic neck and back pain. Reported pain level ranges from 7-8/10 with pain medications resulting in reported improvement in daily functioning. There is also report of stomach pain from a hernia, chills, nausea and headaches. The patient has been on chronic opioid therapy with lack of substantial pain improvement. Records indicate a plan to transition to Butrans for chronic pain, pending its approval. As such the request for MS Contin 15 mg is medically necessary which will allow for safe opioid therapy transition.