MAXIMUS Federal Services

| Case Number: | CM14-0215918 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 12/03/2005 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 46 year old female injured worker suffered and industrial injury on 12/03/2005. The details of the injuries, diagnoses and treatments were not included in the medical records provided. The current diagnoses included cervical disc disease with fusion, lumbar disc disease with fusion, with symptomatic hardware, right knee internal derangement, right shoulder impingement syndrome with bursitis, and intractable lower back pain. The injured worker had a repeat lumbar fusion with hardware removal on 10/17/2014. At the 11/07/2014 provider visit the injured worker complained about severe back pain, severe leg pain, right knee pain, and neck tightness along with falling more. The provider reported during the exam the right leg feels better. The Lorcet 325 was discontinued on 11/04/2014. The UR decision on 12/11/2014 modified the request for Norco 10/325 #180 to only supply #30 tablets for the purpose of weaning as there was no urine drug screen, no opioid contract and did not establish medical necessity for continued opioid use. The request for Prilosec was denied as there was no documentation requirement provided to establish the presence of active GERD. The Zofran was denied as there was no evidence of current nausea or vomiting and is not indicated for opioid induced nausea/vomiting.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient is status post anterior diskectomy, complete diskectomy L3-4 level; instrumentation L3-4; fusionL3-4; and allograft, C-arm and neuromonitoring on 10/17/14, as per the operative report. The request is for NORCO. Currently, the patient presents with severe pain in back, leg and right knee along with tightness in the chest, as per progress report dated 11/03/14. The patient is also status post cervical fusion (date not mentioned), as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, a prescription for Norco is first noted in progress report dated 09/09/14. The patient has received the medication consistently since then. She used Percocet (another opioid) prior to this, as per progress report dated 08/11/14. The progress reports, however, do not document a change in pain scale or measurable improvement in function due to opioid use. No UDS and CURES reports have been provided for review. The treater does not discuss the side effects of the medications as well. Continued use of Norco requires discussion about the 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as per MTUS. This request for Norco 10/325 mg #180 IS NOT medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** The patient is status post anterior diskectomy, complete diskectomy L3-4 level; instrumentation L3-4; fusionL3-4; and allograft, C-arm and neuromonitoring on 10/17/14, as per the operative report. The request is for PRILOSEC. Currently, the patient presents with severe pain in back, leg and right knee along with tightness in the chest, as per progress report dated 11/03/14. The patient is also status post cervical fusion (date not mentioned), as per the same progress report. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy:

Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) is first noted in progress report dated 09/09/14 and the patient has been using the medication consistently since then. The report does not discuss the use of NSAIDs. The treater does not document any gastrointestinal upset or irritation. There is no history of ulcers as well. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or an anticoagulants concurrently. The treater does not provide the GI risk assessment required to make a determination based on MTUS. Hence, the request for Prilosec 20 mg # 60 IS NOT medically necessary.

**Zofran 8mg #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, Pain, Antiemetics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Antiemetics (for opioid nausea)

**Decision rationale:** The patient is status post anterior diskectomy, complete diskectomy L3-4 level; instrumentation L3-4; fusionL3-4; and allograft, C-arm and neuromonitoring on 10/17/14, as per the operative report. The request is for ZOFRAN. Currently, the patient presents with severe pain in back, leg and right knee along with tightness in the chest, as per progress report dated 11/03/14. The The patient is also status post cervical fusion (date not mentioned), as per the same progress report.Ondansetron (Zofran) is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is not recommended for nausea and vomiting secondary to chronic opioid use.In this case, none of the available progress reports document the use of Zofran. Hence, this may be the first prescription for the antiemetic. However, the treater does not discuss any nausea and vomiting. Additionally, the ODG Guidelines do not support the use of Zofran for nausea and vomiting secondary to chronic opioid use. Hence, the request IS NOT medically necessary.