

Case Number:	CM14-0219146		
Date Assigned:	01/09/2015	Date of Injury:	11/08/2002
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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 injured worker is a 56 year old female, who sustained an industrial injury on 11/8/2002. The current diagnoses are status post decompression and discectomy L3-L4 to the right, as well as anterior-posterior fusion L3 to S1 (2004), status post removal of hardware and explorations of fusion, lower back (2005), intractable pain, bilateral lower extremity radiculitis, failed back syndrome, and status post lumbar cord stimulator trial (failed). Currently, the injured worker complains of significant pain in her low back and bilateral lower extremities. Additionally, she reports a burning sensation in her knees and notes that it is worst in the bottom of her feet. She states she feels as though her condition is worsening. Per notes, she lost 10-12 pounds and was taken to the emergency room twice in one week. Current treatment includes medication management. The treating physician is requesting Klonopin 2mg #60 with 3 refills, Norco 10/325mg #180 with 1 refill, and Zofran 8mg #90 with 3 refills, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for Klonopin 2mg #60 with 3 refills, Norco 10/325mg #180 with 1 refill, and Zofran 8mg #90 with 3 refills. The Klonopin and Norco was modified to allow for weaning. The Zofran was non-certified. The MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Klonopin 2mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Klonopin and Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic, Benzodiazepine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this 2002 chronic injury. The One prescription of Klonopin 2mg, #60 with 3 refills is not medically necessary and appropriate.

One prescription of Norco 10/325mg, #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The One prescription of Norco 10/325mg, #180 with 1 refill is not medically necessary and appropriate.

One prescription of Zofran 8mg, #90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter; Antiemetics (for opioid nausea), page 773

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury of 2002. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The One prescription of Zofran 8mg, #90 with 3 refills is not medically necessary and appropriate.