

Case Number:	CM15-0003362		
Date Assigned:	01/14/2015	Date of Injury:	03/18/2009
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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 46- year old male, who sustained an industrial injury on March 18, 2009. The exact mechanism of injury was not reflected in the documentation reviewed. Documentation submitted contained two visits from August 2014. Currently, the IW complains of low psychological tolerance. The worker was described as angry and frustrated with his physical limitation secondary to industrial injury and surgery. A current diagnosis was pain disorder associated with psychological factors and general medical condition. Treatment plan included medication management and cognitive behavioral therapy centered on anger management, coping skills, chronic pain strategies and principles of stress management. On December 16, 2014, the Utilization Review decision non-certified a request for Zofran ODT 8mg, 30 count, Norco 10/325mg, 180 count and Cyclobenzaprine 5mg, 30 count . The rationale given stated that Zofran is not recommended for nausea from pain medication, Norco had been previously denied after being used long-term and the documentation did not support an exacerbation to support the use of this medication and Cyclobenzaprine is not indicated for long-term use. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of Zofran ODT 8mg, 30 count, Norco 10/325mg, 180 count and Cyclobenzaprine 5mg, 30 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 8mg #30: 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, Ondansetron/Antiemetics (for opioid nausea)

Decision rationale: This patient presents with low psychological tolerance, depression, anxiety, anger, and chronic pain secondary to industrial injury. The treater has asked for ZOFRAN ODT 8MG #30 but the requesting progress report is not included in the provided documentation. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request IS NOT medically necessary.

Norco 10-325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioid use.

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

Decision rationale: This patient presents with low psychological tolerance, depression, anxiety, anger, and chronic pain secondary to industrial injury. The treater has asked for NORCO 10/325MG #180 but the requesting progress report is not included in the provided documentation. Patient is currently taking Norco per 11/6/14 report include in the utilization review letter dated 12/16/14. The utilization review letter dated 12/16/14 states the patient has been off of opioids in the past and that Norco has previously been denied. For chronic opioids use, 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 4A's (analgesia, ADL's, 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, the treater indicates a decrease in pain with current medications which include Norco, stating medications are helping per 11/6/14 report. But there is no discussion of this medication s efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology reports were not

included, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with low psychological tolerance, depression, anxiety, anger, and chronic pain secondary to industrial injury. The treater has asked for CYCLOBENZAPRINE 5MG #30 but the requesting progress report is not included in the provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has a chronic pain condition with no mention of back pain or any kind of exacerbation. The treater is requesting Cyclobenzaprine but does not indicate that it is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.