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| <b>Case Number:</b>   | CM15-0106993 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 04/16/2008 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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, Pain Management

### 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 50 year old male who sustained an industrial injury on 04/16/2008. Treatment provided to date has included: lumbar spine surgery, medications, and conservative therapies/care. Diagnostic tests performed include: sleep study, cardio-respiratory testing, electroencephalogram and MRI of the lumbar/thoracic spine reportedly showing disc bulging at T12-L1. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/20-21/2015, physician progress report noted complaints of back pain and bilateral leg pain. The progress reports are hand written and difficult to decipher. Other reports indicate a low back pain rating of 6/10, and leg pain rated 5/10 with numbness and tingling. Additional complaints included neck, upper back and mid back pain, headaches, bilateral shoulder pain, upper extremity pain, hip pain, and lower extremity pain. It was reported that topical medications helped reduce the amount of oral medications, decreased pain, and help allow for better/increased sleep, and ability to perform activities of daily living. The physical exam revealed tenderness to palpation over the proximal incision, positive straight leg raise on the left, and painful and restricted range of motion. The provider noted diagnoses of status post lumbar discectomy and fusion, cervical spine strain/sprain, cervical radiculopathy, and lumbar radiculopathy. Plan of care includes consultation with pain management, continued medications, continued home exercise program. The injured worker's work status was not specified. A progress report dated March 18, 2015 indicates that the medication reduces the patient's pain from 8-9/10 to 5/10, causes no side effects, and allows the patient to walk, stand, and sleep longer. Requested treatments include Norco and Zofran.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Norco is medically necessary.

**Zofran ODT 4mg #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 x Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics.

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.