

Case Number:	CM15-0010864		
Date Assigned:	01/28/2015	Date of Injury:	07/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 7/1/14. She subsequently reports injury to her back and tailbone, right upper extremity and head. Diagnoses include degenerative disc disease with radiculopathy, coccydynia and right shoulder impingement. Prior treatments include physical therapy, epidural injections and pain medications. The UR decision dated 12/22/14 non-certified the Zofran 4MG #60 and partially-certified the Norco 10-325MG #120 and Flexeril 10MG #90, allowing a 30 day supply. The Zofran was denied based on ODG guidelines. The Flexeril and Norco were partially-certified based on CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.

Zofran 4 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Antiemetics

Decision rationale: The request is not considered medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient does not have any documented complaints in this limited chart. She is not being treated with chemotherapy, for cancer pain, or post-operative pain. The patient was not suffering from nausea/vomiting. Therefore, she will not need Ondansetron and the request is considered not medically necessary.

Flexeril 10 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is not objective documentation of improvement in pain and functional capacity. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.