

Case Number:	CM15-0010878		
Date Assigned:	01/28/2015	Date of Injury:	05/10/2010
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68-year-old female special needs schoolteacher, who sustained an industrial injury on 5/0/2010. The diagnoses have included myalgia, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulder pain. Comorbid conditions include obesity (BMI 39), hypothyroidism, hypertension, and Herpes Simplex Virus (HSV). Treatment to date has included a lumbar epidural steroid injection with 50% relief for 3 months, physical therapy, chiropractic therapy, massage therapy, and medications. Currently, the IW complains of bilateral shoulder and low back pain with radiation to the bilateral lower extremities. She reports aching pain in her neck, shoulder, low back, buttocks, and thighs. There is numbness in the left thigh. The pain is rated as 9/10 at the worst part of the day and 3/10 with pain medications. Objective findings included tenderness over the L4-5 and L5-S1 lumbar paraspinals and pain with lumbar flexion and extension. Straight leg raise elicits low back pain bilaterally. She has an antalgic gait and uses a cane for ambulation. Her present medications are Lyrica, Soma, OxyContin ER 30 mg at bedtime, Percocet 10-325 1/2-1 twice/day, Norco 10-325 five times/day, Celebrex, diclofenate patch, diclofenate topical solution, Lunesta, Nexium, Miralax and Zovirax. Magnetic resonance imaging (MRI) of the lumbar spine dated 7/01/2014 revealed posterior subluxation L2 and L3 measuring 5mm, anterior subluxation L4 and L5 measuring 3mm. There are multilevel broad based disc bulges with central canal narrowing. On 1/08/2015, Utilization Review non-certified a request for Hydrocodone/Apap 10/325mg #20 and Odansetron ODT 8 mg #10 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS and ODG were cited. On 1/08/2015, the injured worker submitted

an application for IMR for review of Hydrocodone/Apap 10/325mg #20 and Odansetron ODT 8 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg dispensed per 07/08/14 exam note QTY 20: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose, and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The total morphine equivalent dose for this patient is 117 mg/day. The patient is on two similar short acting opioids (Percocet and Norco) in addition to the long-acting OxyContin ER. To prevent confusion in medications and improve patient safety the provider should only prescribe one short-acting opioid. However, the provider is following the MTUS guidelines for safely treating a patient on chronic steroid therapy. Even though there is no medical evidence supporting long-term use of opioids for chronic low back pain, there is also no long-term medical evidence to the contrary. She has improved functioning on the opioid medications and when the patient decreases the opioid medication, her pain increases significantly. Medical necessity for continued use of Norco has been established.

Odansetron ODT 8mg dispensed per 07/08/14 exam note QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swegle JM1, Logemann C. Management of common opioid-induced adverse effects. Am Fam Physician. 2006 Oct 15;74(8):1347-54.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. There are no clinical practice guidelines that direct opioid-induced nausea therapy although nausea and vomiting are known side effects from opioid therapy. Peer review publications recommend treating opioid-induced nausea and vomiting with anti-psychotic, prokinetic agent, or serotonin antagonist medications. However, in reviewing the last six months medical notes for this patient the patient actually denied any nausea or vomiting. Medical necessity for continued use of this medication has not been established.