

<b>Case Number:</b>	CM15-0011704		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 30 year old male, who sustained a work related injury on 12/14/10. The diagnoses have included lumbar sprain, cervical sprain, bilateral arms radiculopathy, neuropathic pain, and degeneration of lumbosacral intervertebral discs. Treatments to date have included NCV/EMG studies, oral pain medication, physical therapy and lumbar ablation. The injured worker complains of low back pain that increases with flexion and extension. He rates the pain a 4-9/10. He needs to take pain medication to do activities of daily living. On 12/22/14, Utilization Review non-certified prescription requests for Morphine Sulfate ER 30mg., #120, Oxycodone/Percocet 10/375mg., #120, Ondansetron 8mg., #20 with 1 refill. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/22/14, Utilization Review modified a prescription request for Mirtazapine 15mg., #90 with 2 refills to Mirtazapine 15mg, #60 with no refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30mg #120, one by mouth every 6 hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-83.

**Decision rationale:** The claimant has pain in the lumbar spine. He was prescribed MS ER 30mg every 6 hours for baseline pain control with Percocet 1/2-1 tab every 4-6 hours for additional pain. There is no sign of abuse and pain is subjectively improved. There is no documentation of efficacy and functional benefit with prior opioid use. There was no pain contract or documented attempts at weaning and tapering opioids even though the claimant should already have been weaned from the opioids. Thus Morphien Sulfate ER 30 mg #120 and Percocet 10/325 mg #120 is not medically necessary and appropriate.

**Oxycodone/Percocet 10/375mg #120 1/2-1 by mouth every 4-6 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-83.

**Decision rationale:** The claimant has pain in the lumbar spine. He was prescribed MS ER 30mg every 6 hours for baseline pain control with Percocet 1/2-1 tab every 4-6 hours for additional pain. There is no sign of abuse and pain is subjectively improved. There is no documentation of efficacy and functional benefit with prior opioid use. There was no pain contract or documented attempts at weaning and tapering opioids even though the claimant should already have been weaned from the opioids. Thus Morphien Sulfate ER 30 mg #120 and Percocet 10/325 mg #120 is not medically necessary and appropriate.

**Ondansetron 8mg #20 with 1 refill, one by mouth as needed for nausea:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, YE, et al. (2012). Anti-emetic effect of ondandstron and palonosetron in thyroidectomy: a prospective, randomized, double blind study. Br J Anasesth 108(3):417-422.

**Decision rationale:** Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Although ondansetron is prescribed for nausea in this patient, there is no documented gastric distress or gi symptoms necessary to support use of ondansetron. This medication is not medically necessary and appropriate.

**Mirtazapine 15mg #90 with 2 refills, 2 tablets by mouth at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**Decision rationale:** Antidepressants are recommended for chronic neuropathic pain. In this case, mirtazapine is prescribed at bedtime for chronic pain, insomnia, and associated mood disorder. However, there is no evidence documented regarding sleep disorder or psychiatric diagnosis and no measurable objective functional benefit is documented indicating improvement. Unless there is documented evidence of functional benefit as a result of this medication, it should be weaned and discontinued. Thus 15 mg Mirtazapine #90 with 2 refills is not medically necessary and appropriate.