

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0113071 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 09/25/2001 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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 43 year old female, who sustained an industrial injury on 09/25/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having clinical depressive disorder not otherwise specified with anxiety, chronic physical pain condition, personality and specific developmental disorders with obsessive-compulsive elements, chronic bruxism, degenerative joint disease of the temporomandibular joints, internal derangement of the bilateral temporomandibular joints, malocclusion or poor bite of the teeth, salivary changes secondary to medication use, bilateral carpal tunnel syndrome, bilateral ulnar tunnel, gastrointestinal symptoms, headaches, post fracture of the left fibula, chronic right ankle sprain, chronic cervical sprain, chronic lumbosacral spine sprain, multiple medication effects, and psychosocial stressors. Treatment and diagnostic studies to date has included psychotherapy, use of biofeedback tapes, medication regimen, acupuncture, use of an intraoral appliance, and Botox injections. In an Agreed Medical Re-Examination dated 04/10/2013 the treating physician reports use of opiates for pain control. The medical records provided lacked documentation of the injured worker's current symptoms and current medication regimen. The documentation also did not indicate the injured worker's current pain level as rated on a pain scale prior to use of her medication regimen and after use of her current medication regimen to indicate the effects with the use of her current medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any current functional improvement with use of her medication regimen. The treating physician requested the medications of MS Contin 30mg with a quantity of 30, MS

Contin 15mg with a quantity of 70, and Zofran 8mg with a quantity of 10, but the documentation did not indicate the specific reason for these requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines state that this 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin is not medically necessary.

MS Contin 15mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines state that this 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin is not medically necessary.

Zofran 8mg #10: 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. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.