

<b>Case Number:</b>	CM15-0114958		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

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 52-year-old male, who sustained an industrial injury on 09/10/2011. He has reported subsequent low back pain radiating to the bilateral lower extremities and was diagnosed with post laminectomy syndrome of the lumbar spine, spinal stenosis of the lumbar spine and lumbar radiculopathy. Treatment to date has included oral and topical pain medication, rest, physical therapy, acupuncture, spinal cord stimulator trial, epidural steroid injections and surgery, which were noted to have failed to significantly relieve the pain. A CT scan from 06/03/2014 showed moderate spinal stenosis at L1-L2 consistent with the injured worker's symptoms. MS Contin was started on 03/16/2015 30 mg every 12 hours to improve pain, function, and minimize short acting narcotics. In a progress note dated 04/13/2015, the injured worker's pain was noted as having improved from 10/10 without medication to 4-5/10 with medication. The physician requested an increase to 60 mg of MC Contin every 12 hours at time, which was denied. In a progress note dated 05/18/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities and complained of significant nausea when taking pain medication. The pain was rated as 4-5/10 with pain medication and 10/10 without medication and medications were noted to provide 50-60% pain relief. The physician noted that the medications enabled the injured worker to walk more than 2.2 miles per day and complete chores around the house. Objective findings were notable for moderate pain with lumbar flexion and extension, positive straight leg raise on the right at 30-45 degrees, decreased range of motion of the lumbar spine due to pain and a slow gait. A request for authorization of MS Contin 60 mg #60 and Zofran 4 mg #30 was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

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

**Decision rationale:** CA MTUS guidelines indicate that to support long-term use of opioid medication there must be "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS also indicates, "The lowest possible dose should be prescribed to improve pain and function." The medical documentation submitted in PR2 reports from 04/23/2015 and 05/18/2015 do detail pain levels, with a significant 50-60% reduction in pain and increased level of function with the use of MS Contin 30 mg every 12 hours. In addition, the physician documents side effects (nausea) experienced with medication use, the absence of any drug seeking behavior and urine drug screen results consistent with the prescribed medications. Although the use of MS Contin appears to be justified based on the submitted documentation, the physician is requesting an increase to from 30 mg to 60 mg of MS Contin every 12 hours and there is no indication that the previous dose of MS Contin was insufficient at reducing pain and increasing function. Therefore, the request for MS Contin 60 mg #60 is not medically necessary.

**Zofran 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, Pain chapter; uptodate.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics.

**Decision rationale:** CA MTUS are silent regarding the use of Zofran so alternative guidelines were referenced. As per Official Disability Guidelines (ODG), the use of Zofran is not recommended to treat nausea and vomiting due to chronic opioid use. As per the PR2 dated 05/18/2015, the injured worker reported significant nausea specifically when taking pain medication. The only pain medication prescribed to the injured worker consisted of the opioid medications MS Contin and Percocet, which were being used to treat chronic pain. There is no other information given with regard to the symptoms or any justification given as to why Zofran was being ordered. Therefore, the request for Zofran 4 mg #30 is not medically necessary.