MAXIMUS Federal Services

| Case Number: | CM15-0123609 | | |
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| Date Assigned: | 07/08/2015 | Date of Injury: | 01/22/2001 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal 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 47-year-old male with a reported date of injury of 01/22/2001. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar intervertebral lumbar disc disorder with myelopathy, radiculopathy, failed back surgery syndrome, and facet joint disease. Treatments and evaluation to date have included oral medications, lumbar anterior and posterior fusion, and TENS (transcutaneous electrical nerve stimulation) unit with fair benefit. The diagnostic studies to date have not been indicated in the medical records. The progress report dated 05/12/2015 indicates that the injured worker was still able to work and do his activities of daily living with access to medications, he is tolerating well with good effects on function. The objective findings include moderate paralumbar myospasm, moderate parathoracic myospasm, equal and even hips, no swelling or deformity, normal upper and lower extremity strength, and intact sensory examination. The progress report dated 06/09/2015 indicates that the injured worker stated that his extra hours standing at work over the previous two months had irritated his lumbar spine, increased his pain, and caused him to resign from work. His back is still worse than normal with bilateral leg pain to the knees and pain on the plantar surface of the right foot. The objective findings include moderate paralumbar and thoracic myospasm, and intact sensory exam of the upper and lower extremities. It was noted that the injured worker tolerated his medications, and they have been helping. His work status was still permanent and stationary with no limitations or restrictions. The treating physician requested Zofran 4mg #120, Percocet 10/325mg #270, and Oxycontin 60mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4 MG Qty 120:** 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).

**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: antiemetics.

**Decision rationale:** The CA MTUS is silent on Zofran. The Official Disability Guidelines indicate that Zofran is not recommended for nausea and vomiting due to chronic opioid use. The injured worker has been taking opioids since at least 10/07/2014. The guidelines indicate that anti-emetics are recommended for acute use as noted by the FDA-approved indications. Zofran is a serotonin 5-HT3 receptor antagonist, and it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and acute gastroenteritis. None of these conditions were present for this injured worker. There is documentation that the injured worker responds to medications well, and gastrointestinal issues were not a problem for him at this time. There was no evidence that the injured worker suffered from nausea and vomiting. Therefore, the request for Zofran is not medically necessary.

**Percocet 10/325 MG Qty 270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Introduction, and Opioids Page(s): 1, 9, and 74-96.

**Decision rationale:** This injured worker has chronic back pain. The injured worker has been taking Percocet since at least 10/07/2014. The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. It was documented that the injured worker resigned from his work due to increased low back pain. There was no documentation of improvement in specific activities of daily living as a result of use of Percocet. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement with work status, activities of daily living, and dependency on continued medical care. Therefore, the

request for Percocet is not medically necessary.

**Oxycontin 60 MG Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Introduction, and Opioids Page(s): 1, 9, and 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been taking Oxycontin since at least 10/07/2014, for chronic back pain. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. It was documented that the injured worker resigned from his work due to increased low back pain. There was no documentation of improvement in specific activities of daily living as a result of use of Oxycontin. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement with work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Oxycontin is not medically necessary.