MAXIMUS Federal Services

Case Number:	CM15-0128353		
Date Assigned:	07/15/2015	Date of Injury:	11/02/2013
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: Georgia, California, Texas
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 34 year old female, who sustained an industrial injury on 11/02/2013, resulting from cumulative trauma. The injured worker was diagnosed as having lumbosacral spondylosis, cervical disc displacement, migraine headache, and sprain of ankle, unspecified site. Treatment to date has included diagnostics, Botox injections, acupuncture, mental health treatment, physical therapy, and medications. Many documents within the submitted medical records were difficult to decipher. On 5/27/2015, the injured worker reported legs and back better by greater than 50% with lumbar epidural steroid injection. She no longer had to use her cane. She was tearful and afraid of migraine, noting that her arms go numb. Electromyogram and nerve conduction studies were documented as normal. Current medication regimen was not documented. She was to remain off work. The treatment plan included refill of medications, noting Tylenol #4, Zofran, and Soma. On 6/05/2015, she reported a recent fall and low back pain rated 7-9/10, neck pain rated 8/10, and shoulder pain rated 6/10. Current psychiatric complaints (5/28/2015) included anxiety, tension, irritability, depression, anhedonia, crying episodes, and insomnia. A Qualified Medical Re-Evaluation (1/05/2015) noted complaints of headaches with vison disturbance and vomiting. She reported the use of Zoloft for about 20 years for depression, and reported other medication use to include Duexis as needed, Soma about once monthly, Klonopin once per week, prescription marijuana using a vaporizer and edibles, and Lidocaine patches. The duration of Tylenol #4 use could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine 300mg/60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of significant documented symptomatic or functional improvement with opioid therapy, continued use of codeine is not medically necessary by MTUS.

Carisoprodol 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 of 127.

Decision rationale: MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. Significant symptomatic or functional improvement with use of Soma is not documented in this case. The request is not medically necessary per MTUS recommendations.

Ondansetron ODT 4mg #30: 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 Chapter (updated 06/15/15), Pain; Anti-emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Antiemetics (for opioid nausea).

Decision rationale: The submitted documentation includes a history of migraines with occasional nausea and vomiting. However, office notes state that ondansetron is being

prescribed in this case for opioid-induced nausea and vomiting. MTUS is silent concerning the requested ondansetron. ODG does not recommend antiemetics including ondansetron for nausea and vomiting secondary to chronic opioid use. ODG states that the only FDA-approved indications for ondansetron (Zofran) include postoperative use, acute gastroenteritis, and nausea and vomiting due secondary to chemotherapy and radiation treatment. None of these circumstances are documented in this case. Based upon the submitted documentation and ODG recommendations, off-label use of ondansetron for opioid-induced nausea and vomiting is not medically necessary.