

Case Number:	CM15-0174127		
Date Assigned:	09/15/2015	Date of Injury:	11/18/2009
Decision Date:	10/15/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on November 18, 2009 and reported back pain. The injured worker is diagnosed as having lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease and lumbago. Her work status is permanent and stationary. Currently, the injured worker complains of constant low back pain that radiates to her left lower extremity and is described as stabbing and a burning sensation. There is numbness and tingling in the left lower extremity that stops at the knee and there is a feeling of throbbing on the inside of her left leg. Her back pain is described as an electric current at times. She rates the pain at 9 on 10 and reports it is alleviated by medication and a heating pad. She reports dizziness, nausea, vomiting and frequent constipation. Physical examinations dated May 11, 2015-June, 19, 2015 reveal "tenderness to palpation along the bilateral mid to lower lumbar paraspinal muscles (left greater than right) and she is unable to tolerate any active lumbar flexion". There is "5 on 5 strength with full, active range of motion in all extremities except for 2 on 5 strength with bilateral shoulder abduction (limited to 120 degrees), 2 on 5 strength with bilateral hip flexion, 4 on 5 strength with right knee extension, 2 on 5 strength with left knee extension and 4 on 5 strength with bilateral ankle dorsiflexion". There is a "decreased sensation to pinprick along the right sided L5 dermatomal distribution". She reports Percocet 10-325 mg reduces her pain from 8 on 10 to 5 on 10 and is able to walk greater than 10 minutes and engage in light household chores. Treatment to date has included medications (Percocet 10-325 mg 4-5 per day as needed, for at least 7 months, and Flexeril 7.5 mg 3 per day as needed for muscle spasms), acupuncture (greater than 6 session with no relief),

physical therapy (greater than 24 session with temporary relief), surgical intervention (back and lumbar fusion L3-L5 resulted in increased pain), multiple lumbar epidural steroid injections (with no relief), left lower extremity electrodiagnostic study, lumbar spine CT scan (4/2015), x-rays, toxicology screen and psychiatry. A request for Ondansetron 4 mg #10 (denied as the records do not indicate past or current gastrointestinal complaints or assessment) and Percocet 10-325 mg #120 (denied due to continued pain rated at 9 on 10, despite opioids, and no urine toxicology screen provided to ensure compliance), per Utilization Review letter dated August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 tablets of Ondansetron 4 mg: 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 Official Disability Guidelines (ODG) pain chapter and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses. The nausea was related to analgesics use rather than post-op or cancer medications. The Ondansetron is not medically necessary.

120 tablets of Percocet 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet several months along with tri-cyclic and muscle relaxants. The pain score reduction with Percocet was over 40 percent. There was no mention of Tylenol, NSAID, or weaning failure. The medications caused nausea and require Ondansetron, which is not necessary. Since long-term use is not recommended and there are profound, side effects (abdominal symptoms and nausea). The continued use of Percocet is not medically necessary.