

Case Number:	CM15-0176079		
Date Assigned:	09/17/2015	Date of Injury:	12/28/2010
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old female, who sustained an industrial injury on 12-28-2010. The injured worker was diagnosed as having chronic pain, cervical radiculopathy. The request for authorization is for: Nucynta ER 50mg quantity requested: 60.00, Zofran 4 mg quantity requested 60.00. The UR dated 8-24-2015: approved urine drug testing QTY: 1.00, Gabapentin 600mg QTY: 60.00, Norco 10-325mg QTY: 90.00; modified certification of Nucynta ER 50mg QTY: 45.00; and non-certified Zofran 4mg. The records indicate utilization of Nucynta and Zofran since at least April 2015, possibly longer. On 3-31-2015 she was seen in the emergency room for headache, vomiting and neck pain. On 4-29-15, she reported neck pain, low back pain, bilateral upper extremity pain, and ongoing headaches. Her pain is rated 7 out of 10 with medications and 10 out of 10 without medications. She was started on trial of Nucynta. On 7-22-15, she reported neck pain with radiation of the bilateral upper extremities rated 4 out of 10 at best and 7 out of 10 at worst. She also reported low back pain and ongoing headaches. She rated pain intensity on average with medications since last visit as 7 out of 10 and without medications as 9 out of 10. Physical examination revealed tenderness in the neck, occipital tenderness and cervical spine range of motion limitation due to pain. She is not working. On 8-19-15, she reported neck pain with radiation into the bilateral upper extremities down to the hands and associated numbness and tingling in the left upper extremity. She also reported headaches and muscle spasms in the neck. She rated her pain 4 out of 10 at best and 7 out of 10 at worst. In addition, she reported low back pain with radiation down the bilateral lower extremities. She rated pain intensity average since last visit as 8 out of 10 with medications and 9 out of 10

without medications. She indicated her pain to be worsened. She reported that her pain to interfere with her pain rated 10 out of 10 as being unable to carry on any activities. Physical examination revealed neck tenderness and limited range of motion due to pain. She is not working. The treatment and diagnostic testing to date has included: psychological assessment (2-9-15), medications, urine drugs screening (2-18-2015, 7-22-15), electrodiagnostic studies (3-7-14), CURES (12-24-2014, 5-27-15), magnetic resonance imaging of the cervical spine (6-8-14), CT head or brain (8-27-14), cervical spine epidural steroid injection (6-9-15), and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta).

Decision rationale: Nucynta ER 50mg #60 is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The documentation does not indicate that the patient has intolerable side effects with first line opioids therefore this request is not medically necessary.

Zofran 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 2009, page 1688.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Ondansetron (Zofran); Antiemetics (for opioid nausea).

Decision rationale: Zofran 4mg #60 is not medically necessary per the ODG guidelines. The MTUS does not specifically address Zofran. The ODG does not recommend Ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. There is no documentation that this medication is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment; therefore, this medication is not medically necessary.