

<b>Case Number:</b>	CM15-0178062		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 68-year-old male who sustained an industrial injury on April 23, 2003. Diagnoses have included post-laminectomy syndrome and pain disorder. Documented treatment includes anterior lumbar and posterior lumbar fusions in 2005, 6-8 sessions of physical therapy in 2014 stated by the injured worker as being helpful, stimulator therapy implemented in 2010 which he says "helps," and medication, including Promethazine, MS Contin, Norco, Cymbalta and Motrin which is noted to bring pain from 10 to 5 out of 10. The injured worker continues to report "chronic and intractable" back pain. Activities of daily living are impaired including sitting, walking, standing, and climbing stairs. He uses a walker and reports having had falls. On July 1, 2015, the physician reported mid-line lumbar tenderness with "moderate to severe" spasms; right-sided limp; and, range of motion reduced in all directions with pain including flexion 30 degrees and extension 10 degrees. He also noted, "generalized lower extremity weakness." He is considering additional physical therapy. The treating physician's plan of care includes a request for Zofran 4 mg. 20 count with 2 refills, and Opana ER 30 mg. 60 count. This was denied on August 14, 2015. A drug screen was performed May 27, 2015 and reported "consistent." Current work status is not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg, #20 with 2 refills:** 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) Antiemetics.

**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 Antiemetics pg 14.

**Decision rationale:** According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT<sub>3</sub> 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 claimant was on chronic opioids, which contributed to GI symptoms. The Odansetron is not medically necessary.

**Opana ER 30mg, #60:** 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, specific drug list.

**Decision rationale:** The claimant had been on MS Contin and Norco for several months along with Opana. The claimant required increasing Opana in recent months likely secondary to tolerance to medications. The claimant needed Miralax while on numerous opioids which is for constipation that is refractory to stool softeners. There was no indication of Tricyclic failure. The claimant was on an SSRI, which is not effective for back pain in combination with opioids. Long-term use is not indicated. Opana is not indicated for mechanical or compressive etiologies. The continued use of Opana is not medically necessary.