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| <b>Case Number:</b>   | CM15-0179175 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 08/05/1991 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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: California

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:

This is a 57-year-old male worker who was injured on 8-5-1991. The medical records indicated the injured worker (IW) was treated for cervical and lumbar post-laminectomy pain syndrome; symptoms suggestive of S1 bilateral radiculopathies; post-traumatic headaches with fourth nerve palsy; diplopia; hypogonadism secondary to opiates; painful kyphosis at the top of the thoracolumbar fusion; gynecomastia secondary to hypogonadism; and worsening depression consequent to the frustrations of working with the Workers' Compensation system. In the progress notes (4-30-15 and 7-29-15), the IW reported back pain, bilateral foot pain, migraine-type headaches, constant left leg sciatica, rated 8 out of 10, and left leg swelling due to a deep vein thrombosis (DVT). He reported some help from medications and is "completely paralyzed" without it. Activity was stated to be medication-dependent. Aberrant medication use was denied and "recent drug screens and CURES reports are normal." A urine drug screen report dated 5-5-15 was consistent with prescribed medications. Medications included Methadone, Opana ER, Norco, Ondansetron, Desiprimine, Pantoprazole, Meloxicam and Depo-testosterone. The physical examination (7-29-15) noted his gait was wide-based and unsteady. Cervical and lumbar ranges of motion were decreased. Straight leg raising was positive on the left with classic sciatica-type pain. An intrathecal pain pump was authorized, an attempt by the provider to get the IW pain relief without high doses of opioids, but this has been cancelled due to lack of a recent MRI. Treatments included previous multiple back surgeries. A Request for Authorization was received for Opana ER 15mg #180, Ondansetron 4mg #60 with 3 refills, Meloxicam 7.5mg #30 with 3 refills and Omeprazole 40mg #30. The Utilization Review on 8-19-15 modified the request for Opana ER 15mg #180 to allow #90 for weaning, Ondansetron

4mg #60 with 3 refills was modified to allow #30 (0 refills) due to weaning of Opana; Meloxicam 7.5mg #30 with 3 refills and Omeprazole 40mg #30 were non-certified per CA MTUS Chronic Pain Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Opana ER (extended release) 15mg, #180: 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.

**Decision rationale:** The MTUS recommends Opana ER for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids, it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Opana ER (extended release) 15mg, #180 is not medically necessary.

**Ondansetron 4mg, #60 with 3 refills: 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 (Chronic), Ondansetron (Zofran).

**Decision rationale:** There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. A previous utilization review decision provided the patient with sufficient quantity of medication to aid in the weaning from Opana. Ondansetron 4mg, #60 with 3 refills is not medically necessary.

**Meloxicam 7.5mg, #30 with 3 refills: 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): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Meloxicam 7.5mg, #30 with 3 refills is not medically necessary.

**Omeprazole 40mg, #30:** 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): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 40mg, #30 is not medically necessary.