

Case Number:	CM15-0039216		
Date Assigned:	03/09/2015	Date of Injury:	01/27/2010
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 52 year old female, who sustained a work related injury on 1/27/10. The diagnoses have included lumbar discogenic disease with radiculopathy, chronic low back pain, bilateral knee internal derangement, bilateral knee pain and status post left total knee replacement. Treatments to date have included left knee surgery, failed physical therapy, failed lumbar epidural steroid injection, TENS unit therapy and medications. In the PR-2 dated 12/3/14, the injured worker complains of chronic low back pain. She has low back pain that radiates to the buttocks. She states the back pain is severe. Upon examination, she has severe pain in lumbar spine and numbness in both legs. She is having trouble walking and feels like she has "knives in her legs." She also complains of bilateral knee pain. She has tenderness to palpation of left knee over joint. The left knee is edematous. She has tenderness to palpation of the right knee joint, patellofemoral crepitation, a positive Apley grind test, and pain with range of motion. The treatment plan is to request authorization for lumbar surgery through vascular surgeon. A request for several postoperative needs and equipment will be made. She is to continue Anaprox medication and he will request refills of Ativan, Prilosec, Ultram and Zofran. She will continue to walk and use TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lorazepam 1mg #120 (DOS: 10/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: MTUS and ODG states that benzodiazepines are; "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended." Medical records do not indicate the overall length of time the patient has been using lorazepam but this request alone is in excess of MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Lorazepam 1mg x120 is deemed not medical necessary.

Retrospective: Zofran 8mg #10 (DOS: 10/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Ondansetron.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use." Additionally, "This drug 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." There is no evidence that patient is undergoing chemotherapy/radiation treatment or is postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for ONDANSETRON 8 MG, #10 is deemed not medically indicated.

