

<b>Case Number:</b>	CM15-0040205		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male, who sustained an industrial injury on 11/15/2012. He reported low back pain that radiated to his left lower extremity. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis left side greater than right, lumbar nerve damage due to reported abnormal findings on MRI scan of the lumbar spine, left sacroiliac joint sprain, sleep loss secondary to low back injury and pain and sexual dysfunction secondary to low back injury and pain. Treatment to date has included medications, physical therapy, MRI, electrodiagnostic testing, epidural steroid injections, physiotherapy, acupuncture and chiropractic care. According to a progress report dated 12/30/2014, the injured worker complained of pain in the lower back that radiated into the left leg with numbness, paresthesia and weakness. The provider noted that the injured worker had tried ice, heat and nonsteroidal anti-inflammatory drugs and pain had not improved. On 02/09/2015, the provider requested authorization for Naproxen and Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient has a date of injury of 11/15/12 and presents with lower back pain, that radiated into the left leg with intermittent numbness. The current request is for NAPROXEN 550MG #60. The MTUS Guidelines page 22 regarding anti-inflammatory medication states that, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Review of the medical file indicates the patient has been utilizing naproxen since 11/21/14. In this case, recommendation for further use cannot be support as there is no documentation of pain relief or functional improvement with taking Naproxen. Progress report dated 12/30/14 states that the patient is disabled and "has tried ice heat application, NSAIDS, and pain has not improved." The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, this request IS NOT medically necessary.

**Ondansetron 4mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Antiemetic.

**Decision rationale:** This patient has a date of injury of 11/15/12 and presents with lower back pain, that radiated into the left leg with intermittent numbness. The current request is for ONDANSETRON 4MG #30. The patient recently underwent a lumbar epidural steroid injection and did report some nausea. It is unclear if this is what the medication is intended for, as there is no discussion regarding this request. The MTUS and ACOEM Guidelines do not discuss Ondansetron. The ODG Guidelines has the following regarding Antiemetic under the Pain Chapter, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." ODG further states "Ondansetron (Zofran): 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. Acute use is FDA-approved for gastroenteritis." The ODG Guidelines do not support the use of Ondansetron other than for nausea following chemotherapy, acute gastroenteritis, or for postoperative use. The patient does not meet the indication for this medication. The requested Zofran IS NOT medically necessary.