

Case Number:	CM14-0194511		
Date Assigned:	12/02/2014	Date of Injury:	07/14/2011
Decision Date:	11/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 40 year old female, who sustained an industrial injury on 7-14-2011. The injured worker was diagnosed as having lumbago and cervicgia. Treatment to date has included diagnostics, physical therapy, and medications. On 10-01-2014, the injured worker complained of neck and back pain, "severe at times". Medications helped "reduce pain but it is bad". Pain was rated 8 out of 10 with medication use (7 out of 10 on 9-02-2014 and 6 out of 10 on 8-01-2014). She also had "a lot of nausea as well" and constipation. Celexa was documented to have reduced anxiety and depression. Current medications included Oxycodone-Acetaminophen 10-325mg daily as needed, Ibuprofen 800mg twice daily, Sertraline, Norco 10-325mg every four hours as needed but not to exceed three tabs daily, Celexa, Flexeril 10mg every four hours as needed, and Zofran ODT 4mg one tablet as needed. Exam of the cervical spine noted tenderness, "decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending". Tenderness was also noted in the lumbar spine, facet joints, and sacroiliac joints, along with "decreased flexion, decreased extension and decreased lateral bending". She was unable to work through 1-15-2015. Urine toxicology (9-2014) was documented as positive for opiates. A history of depression with psychiatric hospitalization was referenced in the Qualified Medical Evaluation on 7-23-2014. The treatment plan included Flexeril 10mg (use since at least 4-11-2014) #90 with 1 refill, Norco 10-325mg (use since at least 4-11-2014) #90, Oxycodone-APAP 10-325mg (use since at least 5-07-2014) #30, and Zofran ODT 4mg #30 (dispensed), non-certified by Utilization Review on 10-29-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90 with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". This patient has been diagnosed with chronic back pain of the cervical and lumbar spine. The patient has had prolonged use of this muscle relaxant with no quantifiable improvement in symptomatology. Per MTUS, the use of a muscle relaxant for chronic pain is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not medically necessary.

Norco 10/325mg, #90: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose". Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Oxycodone/APAP 10/325mg, #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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose". Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for oxycodone/APAP 10/325 is not medically necessary.

Zofran ODT 4mg, #30 (dispensed 10/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran FDA Prescribing Guidelines <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. According to its FDA prescribing recommendations, "Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery". It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. This patient has cervical and lumbar spinal pain, which is currently being treated with opioids. She has not undergone surgery or been diagnosed with the need for chemotherapy/radiation. Thus, the requested medication is being prescribed against FDA indications. Therefore, based on the submitted medical documentation, the request for Ondansetron is not medically necessary.