

<b>Case Number:</b>	CM14-0200030		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/04/1994
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old woman who sustained a work related injury on May 4, 1994. Subsequently, she developed low back and bilateral knee pain. According to a progress report dated August 18, 2014, the patient reported she continues to have problems with her legs. She reported the Terocin patch was helping her. She also complained of nausea without vomiting. Physical examination revealed tender points in the anterior C6-7 region bilaterally, occipital region of the neck bilaterally, 2nd intercostal space in the midclavicular region bilaterally, 2 cm below the lateral epicondylar region bilaterally, fat pads of the knees bilaterally, and iliac crest region bilaterally. The patient had extensive spasm noted in the cervical spine region and trapezius region. The patient had tenderness in the lumbar spine. She had restricted range of motion. The patient had restriction in the right knee. She had hip restriction in range of motion. The patient was diagnosed with irritable bowel syndrome, fibromyalgia, depression, reflex sympathetic dystrophy, Gastroesophageal reflux disease secondary to anti-inflammatory medications, status post lateral malleolus fracture with status post internal fixation, and dental erosion secondary to acid-reflux disease. The provider requested authorization for Orthopedic consult & treatment, Norco, and Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consult & treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 334 & 339.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In addition, and according to MTUS guidelines, and in the chapter of knee complaints, referral for surgical consultation may be indicated in case of activity limitation for more than one month, and failure for exercise programs to increase range of motion. There is no documentation that the patient failed exercise programs or activity limitation for more than one month. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for orthopedic consult & treatment is not medically necessary.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least April 2013 without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg is not medically necessary.

**Zofran 8mg:** 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 (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." *Br J Anaesth* 108(3): 417-422.

**Decision rationale:** Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.