

Case Number:	CM13-0019613		
Date Assigned:	06/06/2014	Date of Injury:	02/03/2010
Decision Date:	08/13/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine and is licensed to practice in California. 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 claimant injured his low back on 02/03/10. He is status post fusion surgery and hardware removal (09/13) and has chronic pain. Multiple medications are under review including naproxen, cyclobenzaprine, ondansetron, omeprazole, Medrol dosepak, and tramadol ER. As of 01/14/14, he was to continue his current PT program and he was given Percocet 10-325. A TENS/interferential unit was under appeal in February 2014. He was using Flector and Percocet. His diagnoses include lumbar radiculopathy and spinal stenosis status post lumbar fusion. He also has insomnia due to chronic pain and has diabetes mellitus. He saw [REDACTED] on 03/11/14 for a pain management visit. He complained of low back pain that radiates down the right lower extremity and is aggravated by activity and walking. It is 3/10 in intensity with medications and 7/10 without medications. His pain was unchanged since his last visit. He had a slow and antalgic gait. He was in moderate distress. He was noted to have spasm of the low back with tenderness of the spinal vertebral area from L4-S1 levels. Range of motion was moderately limited secondary to pain. His pain was significantly increased with flexion and extension. Sensory examination was within normal limits. He had an MRI of the lumbosacral spine in November 2011. There were disc protrusions from L2-3 through L5-S1. There were findings of foraminal stenosis and facet arthropathy also. There were similar findings on an MRI in March 2010. He was awaiting an interferential unit. His current medications were renewed. He has been using opiates over the long-term. He reportedly noted significant reduction of pain with Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ondansetron ODT 8mg #60 DOS: 7/11/13: 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 Other Medical Treatment Guideline or Medical Evidence: PDR 2014: ondansetron.

Decision rationale: The history and documentation do not objectively support the request for continued use of ondansetron at this time. The PDR recommends its use for the control of nausea and vomiting, typically in surgical patients or those who are receiving chemotherapy, neither of which is described in this file. There is also no mention of nausea or vomiting in the records. The indication for the use of this medication is not apparent and none can be ascertained from the file. The medical necessity of this request for ondansetron ODT tablets 8 mg #30 x 2 has not been clearly demonstrated.

Retrospective request for Medrox patches #30 DOS: 7/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Medrox patches. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs including acetaminophen, antidepressants, and antineuropathic agents. The claimant continued to receive refills of the medication Percocet and was prescribed naproxen and tramadol. Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" The medical necessity of this request for Medrox patches has not been clearly demonstrated.

Retrospective request for Tramadol Hydrochloride ER 150mg #90 DOS: 7/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The CA MTUS page 145 states "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" The claimant has received prescriptions for multiple other medications at the same time. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol hydrochloride ER 150mg #90 has not been clearly demonstrated.