MAXIMUS Federal Services

Case Number:	CM13-0022070		
Date Assigned:	10/16/2013	Date of Injury:	10/27/2007
Decision Date:	06/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation 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 patient is a 63 year old male with date of injury of 10/27/2007. The listed diagnoses per [redacted] dated 07/11/2013 are: Cervical discopathy with radiculitis; Status post right shoulder arthroscopic subacromial decompression, Mumford procedure, rotator cuff and labral repair from 2011; Status post left shoulder arthroscopic subacromial decompression, Mumford procedure, rotator cuff and labral repair from 2010, electrodiagnostic study evidence of bilateral cubital and bilateral carpal tunnel syndrome; Status post L3-L5 posterior lumbar interbody fusion; Retained symptomatic lumbar spinal hardware; Right knee arthroscopic surgery x2 with evidence of degenerative joint disease; Status post left knee arthroscopic surgery with meniscectomy and chrondroplasty from 2009. According to the report, the patient has continued symptomatology in the cervical spine with chronic headaches and tension between the shoulder blades. The patient reports compliance with the medications provided to him, but complains of an upset stomach with the use of naproxen. He continues to utilize Naproxen as it offers him temporary pain relief, allowing him to perform his activities of daily living. The examination shows paravertebral muscle spasm in the cervical spine. There is generalized weakness and numbness noted in the cervical spine. The utilization review denied the request on 08/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL HYDROCHLORIDE ER (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): 80.

Decision rationale: The MTUS Chronic Pain Guidelines page 80 on opiates for chronic back pain states, "Appears to be efficacious, but limited for short term pain, and long term efficacy is unclear (> than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, the MTUS Chronic Pain Guidelines states that Tramadol is indicated for "moderate to severe pain." For chronic opiate use, MTUS Chronic Pain Guidelines requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior) as well as a numerical scale to document pain level and function. The records show that the patient has been taking Tramadol since 01/17/2013. The treater documents medication efficacy stating "these medications do provide the patient with temporary symptomatic relief and allow him to continue to function on a daily basis and perform his activities of daily living." The records do not show any recent urine drug screen to monitor medication adherence. The current documentation lack numerical scale to denote patient's function and pain reduction as required by the MTUS Chronic Pain Guidelines. There are no "pain assessment" or "outcome measures" documented. There are no specific ADL's documented to show that this medication is making a significant difference. The request is not medically necessary and appropriate.

PRESCRIPTION OF ONDANSETRON ODT TABLETS 8MG, #30 X 2 QTY: 60 (DOS: 7/11/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING ZOFRAN (ONDANSETRON).

Decision rationale: The ODG on Zofran (Ondansetron) states, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as below per FDA approved indications. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks of continued exposure." The medical records provided for review show that the patient started taking Zofran on 07/11/2013. The treater prescribed the medication for the patient's nausea associated with Cyclobenzaprine use. In addition, the patient states that no other medication has alleviated the side effect, and the patient has described a relief of nausea with the use of this medication. In this case, there is no guidelines support for the use of this medication for medication induced nausea. Zofran is reserved for post-operative nausea. The request is not medically necessary and appropriate.