

Case Number:	CM13-0022927		
Date Assigned:	06/06/2014	Date of Injury:	10/15/2010
Decision Date:	07/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. The expert reviewer is Board Certified in Internal 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 injured worker is a 44 year old male who sustained an injury on 10/15/10 while attending training. The injured worker developed complaints of left sided neck pain radiating to the left upper extremity with associated tingling. Prior treatment included physical therapy and medications including anti-inflammatories and muscle relaxers. The injured worker underwent prior physical therapy with limited response. The injured worker had several cervical fusion procedures to date initially at C5-6 and then from C4 to C7 due to adjacent level disease. Post-operatively the injured worker was followed by [REDACTED] for pain management. On 07/09/13 the injured worker had persistent pain in cervical spine aggravated from with any repetitive motion. Physical examination noted tenderness to palpation in the cervical paraspinal musculature. No medications at this evaluation were discussed. Follow up on 08/20/13 noted improvement in cervical range of motion. There was no evidence of any neurological deficit. The injured worker felt that he was improving with a home exercise program. The recommendation was to continue with a home exercise program. Medications were not discussed at this visit. There was a medication worksheet dated 09/12/13 indicating prescriptions were filled for naproxen 550mg, Cyclobenzaprine 7.5mg Sumatriptan 25mg, Ondansetron 8mg, Omeprazole 20mg, Tramadol ER 150mg, and alprazolam 1mg. Follow up with [REDACTED] on 09/24/13 noted the injured worker had continued persistent pain in cervical spine with persistent stiffness. The injured worker attended additional physical therapy. Physical examination findings remained essentially unchanged with ongoing tenderness in the paraspinal musculature. The requested Ondansetron 8mg #60 prescribed between prescribed on 06/11/13, Cyclobenzaprine 7.5mg #120 prescribed on 06/11/13, Sumatriptan 25mg eight #18 prescribed on 06/11/13, Tramadol 150mg #90 prescribed on 06/11/13, and two separate prescriptions for Medrox ointment 120g prescribed on 06/11/13 were denied by utilization review on 08/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

(60) ONDANSETRON ODT 8 MG(DOS:6/11/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetic.

Decision rationale: In regards to Ondansetron 8mg quantity 60 prescribed on 06/11/13, this reviewer would not have recommended this medication as medically necessary. There is no indication for the use of Ondansetron in this case. The injured worker has had no indication of any continued post-operative nausea or vomiting following revision fusion procedures from C4 to C7. Otherwise the injured worker did not meet the Food and Drug Administration indications for Ondansetron as there is no indication of any nausea or vomiting symptoms secondary to chemotherapy or radiation therapy. Current evidence Official Disability Guidelines (ODG) do not recommend the use of antiemetics including Ondansetron for opioid induced nausea. Without any clear indications for this medication this reviewer would not have recommended the request.

(120) CYCLOBENZAPRINE 7.5 MG (DOS: 6/11/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Cyclobenzaprine 7.5mg quantity 120 prescribed on 06/11/13, is not medically necessary. Prior utilization review noted this medication was modified to quantity of 60 to address acute musculoskeletal spasms noted on 06/11/13 clinical record. Per Chronic Pain Medical Treatment Guidelines the use of muscle relaxers to address acute musculoskeletal spasms is supported and is medically indicated. Therefore the request for quantity of 120 tablets of Cyclobenzaprine is not medically necessary.

(18) SUMATRIPTAN SUCCINATE 25 MG (DOS: 6/11/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: In regard to the request for Sumatriptan 25mg quantity 18 prescribed on 06/11/13, this medication was provided for headaches. However, the clinical documentation did not clearly describe migraine type headaches as an established diagnosis for the injured worker. The clinical documentation did not describe the frequency or duration of migraine headaches for this injured worker. Given the insufficient objective evidence consistent with migraine type headaches this request is not medically necessary.

(90) TRAMADOL 150 MG (DOS 6/11/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regard to the request for Tramadol 150mg quantity 90 prescribed on 06/11/13, there was no clear indication for the continued use of this medication post-operatively. The injured worker felt that he had substantially improved following the second anterior cervical discectomy and fusion. The clinical documentation submitted for review did not discuss any specific weaning schedule for Tramadol. The requested Tramadol at a quantity of 90 is not supported as medically appropriate. Therefore the request is not medically necessary.

(2) PRESCRIPTIONS OF MEDROX OINTMENT 120 GM (DOS:6/11/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regard to the request for Tramadol 150mg quantity 90 prescribed on 06/11/13, there was no clear indication for the continued use of this medication post-operatively. The injured worker felt that he had substantially improved following the second anterior cervical discectomy and fusion. The clinical documentation submitted for review did not discuss any specific weaning schedule for Tramadol. The requested Tramadol at a quantity of 90 is not supported as medically appropriate. Therefore the request is not medically necessary.