

Case Number:	CM13-0026241		
Date Assigned:	03/26/2014	Date of Injury:	09/20/2012
Decision Date:	08/13/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery 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:

This is a 34-year-old injured in a work-related accident on 9/20/12. The clinical records provided for review include an 8/5/13 progress report noting current complaints of low back pain. The physical examination findings at that time showed no evidence of lower extremity motor, sensory, or reflexive change. There was no documentation of a lumbar evaluation in the report. The report stated that the claimant would be medically stable for requested lumbar surgical process. The 7/24/13 office note by an orthopedic surgeon described low back complaints with examination showing left greater than right tenderness to palpation, spasm, and dysesthesias in an L5 and S1 dermatomal distribution. The claimant was diagnosed with lumbar discopathy. The recommendation was made for lumbar decompression and stabilization surgery. This review is for medications to include Tramadol, Medrox, Flexeril, and Zofran. There is no current documentation that the claimant's surgical process has been supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN/ONDANSETRON 8MG, #30 X2: 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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure - Antiemetics (for opioid nausea).

Decision rationale: California MTUS and ACOEM Guidelines do not address this medication. Based on the Official Disability Guidelines, the request for Zofran, an anti-emetic, would not be indicated. According to ODG, anti-emetics are not recommended for concordant use of opioids in the chronic pain setting. There is currently no documentation to confirm that the claimant's lumbar surgery has been certified or that he is symptomatic following his surgery. Therefore the request is not medically necessary.

FLEXERIL/CYCLOBENZAPRINE 7.5MG, #120: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the request for Flexeril. According to the Chronic Pain Guidelines, muscle relaxants are to be used with caution as second line agents in the chronic setting of acute symptomatic flares. The current clinical records fail to indicate that the claimant is having an acute symptomatic flare of low back-related complaints. There is no current indication that the first line therapies have been exhausted or that the claimant has any acute physical examination findings to warrant Flexeril. The request would not be supported as medically necessary.

MEDROX 120GM X2: 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): 111-113.

Decision rationale: The California MTUS Chronic Pain Guidelines would not support the continued use of Medrox Patches. According to the Chronic Pain Guidelines, topical compounds are largely experimental with few randomized clinical trials demonstrating their efficacy and safety. Therefore, the request for Medrox patches is not medically necessary.

TRAMADOL ER 150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram), Opioids-Classification, Opioids-conditions-Tramadol (Ultram Page(s): 91-94,75,80-84.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Tramadol. According to the Chronic Pain Guidelines, Tramadol should only be used in the acute clinical setting and its use beyond sixteen weeks is of unclear clinical significance. Therefore, the Chronic Pain Guidelines do not support the use of this agent beyond sixteen weeks of use. The records for review indicate a significantly greater than sixteen week use of Tramadol for this claimant. The request in this case would not be supported as medically necessary.