

Case Number:	CM13-0033553		
Date Assigned:	12/06/2013	Date of Injury:	06/13/2012
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction & Toxicology, has a subspecialty in Pediatrics, and is licensed to practice in Massachusetts and New York 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 physician 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:

56 yr old patient sustained an injury on 6/13/12 mechanism of injury is unknown. Patient has low back pain, other documented diagnosis include post laminectomy syndrome. Patients past treatment include physical therapy, aquatic therapy, l4-S1 posterior lumbar interbody fusion. Treatment in dispute include 1. Cosamin DS, caplets, 2. Ondansetron ODT tablets, 4 or 8 milligrams #60 3. Cyclobenzprine Hydrochloride tablets 7.5 milligrams 4. Tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cosamin DS caplets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin Sulfate Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin Sulfate Page(s): 50. Decision based on Non-MTUS Citation Attia M, Scott A, Carpentier G, Lian O, Van Kuppevelt T, Gossard C, Papy-Garcia D, Tassoni MC, Martelly I Greater glycosaminoglycan content in human patellar tendon biopsies is associated with more pain and a lower VISA score. Br J Sports Med. 2013 Oct 6. doi: 10.

Decision rationale: As per MTUS guideline 2009, cosamin (chondriotin sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially

for knee arthritis. As per the submitted document, there is no documentation of chronic arthritis. As per current medical evidence, there is no solid evidence of a positive effect on pain. Some (Attia A, Scott A et al, 2013) literature suggest increasing pain after usage. There is no indication for Cosamin at this time. Recommend non certification.

Retrospective medication x 3 Ondansetron ODT tablets, 4 or 8 milligrams #60: 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) 2013, Pain Section, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013, Pain Section, Ondansetron (Zofran).

Decision rationale: No MTUS criteria exist. As per ODG pain notes, Ondansetron is not recommended for nausea and vomiting secondary to Opioid use. I also searched the key words " Ondansetron in preventing opioid induced nausea or vomiting" in medical literature databases such as Pub med, Cochrane database, which yielded 0 results. Recommend non certify.

Retrospective Cyclobenzaprine Hydrochloride tablets 7.5 milligrams #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 28,29.

Decision rationale: As per MTUS 2009 guidelines, Cyclobenzaprine can be used as an option for short term relief. Patient's condition is chronic. The maximum benefit after Cyclobenzaprine therapy is in the first 4 days. It is also not documented whether Cyclobenzaprine has been specifically effective (percentage of reduction of pain and duration of pain) from previous Cyclobenzaprine use. Recommend non certify.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-85.

Decision rationale: Not medically necessary. Criteria used MTUS and pubmed literature review .After reviewing the availbale documents it is reasonable to conclude that patient has reached a plateau level with regard to his knee pain. MTUS guidelines (page 82) recommends that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in

the indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patient's present documented clinical situation does not indicate such medical condition. As per the MTUS guidelines, tramadol is beneficial for moderate to severe pain with documented functional benefit. The patient is having lower back pain with any kind of activities; no documentation of any functional benefit after previous use. Hence recommend non certify.

Retrospective Hydrochloride ER, 150 milligrams #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-85.

Decision rationale: Not medically necessary. Criteria used MTUS and pubmed literature review .After reviewing the available documents it is reasonable to conclude that patient has reached a plateau level with regard to his knee pain. MTUS guidelines (page 82) recommends that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in the indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patient's present documented clinical situation does not indicate such medical condition. As per the MTUS guidelines, tramadol is beneficial for moderate to severe pain with documented functional benefit. The patient is having lower back pain with any kind of activities; no documentation of any functional benefit after previous use. This request is part of the request for Tramadol and not a separate request. Hence recommend non certify.