

Case Number:	CM13-0043180		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2013
Decision Date:	06/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

The patient is a 33-year-old male with date of injury of 08/05/2013. The listed diagnoses according to [REDACTED] dated 09/12/2013 is lumbar discopathy. According to the report, the patient complains of frequent low back pain that radiates to the buttocks and down the legs; the right side greater than the left. There is no associated tingling or numbness in the lower extremities. The patient is currently not taking any medications. The examination of the lumbar spine shows tenderness to the right across the iliac crest into the lumbosacral spine. Standing flexion and extension are guarded and restricted. A radicular pain component is noted in the right lower extremity including the right sciatic notch. A positive seated nerve root test is noted with extension into the right S1 root. The utilization review denied the request on 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NAPROXEN TABLETS 550 MG #100 DOS: 9/12/13: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications (p22, Chronic pain MTUS) For specific recommendations, see NSAIDs, PAGES 67-68.

Decision rationale: This employee presents with low back pain. The treating provider is requesting a retrospective request for naproxen tablets. The MTUS Guidelines page 22 on antiinflammatory medications states, "Antiinflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal antiinflammatory drugs in chronic low back pain and of antidepressants in chronic low back pain." The 435 pages of records show that the employee was first prescribed Naproxen on 09/16/2013. Given that the employee has not used Naproxen prior to this report, a trial is reasonable. Recommendation is for authorization.

RETROSPECTIVE ONDANSETRON 8MG #30 X 2: 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) Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain. ODG guidelines have the following regarding Zofran (Ondansetron): Not recommended.

Decision rationale: This employee presents with low back pain. The treating provider is requesting a retrospective ondansetron. The MTUS and ACOEM Guidelines are silent with regard to this request; however, the ODG Guidelines on ondansetron (Zofran) do not support antiemetics for nausea and vomiting due to chronic opiates. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery for acute use for gastroenteritis. The report dated 09/16/2013 documents, "Ondansetron ODT tablets is being prescribed to the patient today for nausea associated with the headaches that are present with chronic cervical spine pain... The headache pain is associated with nausea and, in fact, ondansetron has been proven to be very effective with treating this particular type of nausea." While the treating provider documents medication efficacy, Ondansetron is only indicated for post-op N/V and not for other nausea conditions. It is also not indicated for nausea due to headaches. Recommendation is for denial.

RETROSPECTIVE TRAMADOL HCL ER 150MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL, MTUS (pg 80) - Chronic back pain: Appears to be efficacious but limited for short.

Decision rationale: This employee presents with low back pain. The treating provider is requesting a retrospective request for tramadol. The MTUS Guidelines page 76 to 78, criteria for initiating opioids recommends that reasonable alternatives have been tried, considering patient's likelihood of improvement, likelihood of abuse, et cetera. The MTUS goes on to indicate that baseline pain and functional assessments should be made. Once the criteria has been met, a new course of opioids may be tried at that time. In this case, records show that the employee has not tried NSAIDs or any first-line treatments for pain relief. Furthermore, the treating provider failed to document the baseline pain and functional assessments that are required by the MTUS Guidelines. Recommendation is for denial.