

Case Number:	CM13-0065793		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2011
Decision Date:	03/31/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 42 year old woman with a date of injury on 11/29/11 with resulting chronic pain to the left shoulder and low back. Her past medical history includes depression and hypertension. Previous treatments for the pain have included physical therapy, steroid injections, aqua therapy, tens units and oral analgesics including anti-inflammatory medications and tramadol. The injured worker's primary treating physician has requested treatment with tramadol 150mg #30 and zofran 4mg #30. A utilization review done 11/15/13 denied the use of zofran (Ondansetron) indicating it wasn't medically necessary and approved the use of tramadol at a lower dose of 50mg. On 10/18/13 the provider notes the patient is experiencing depression with pain of 5/10. The treatment included use of tramadol and pain management referral. There is no documentation of functionality. The primary treating physician on 3/21/13 notes the injured worker is feeling 50% better with regards to the left shoulder and 60 % better with regard to the low back pain. The pain is described as left shoulder pain with radiation into the arm with associated tingling and low back pain with radiation into both legs without weakness. The exam shows decreased range of motion with decreased sensation over the dorsal aspect of the left hand. The patient indicates mild difficulty with dressing, personal hygiene and sleeping on 1/18/13. On 3/26/13 the patient's medication includes the use of Paxil (an SSRI antidepressant). A urine toxicology result from 3/27/13 is negative for tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The patient has a mixed etiology of pain including neuropathic pain and nociceptive pain. First line treatment for neuropathic pain is an antidepressant or anticonvulsant medications. The recommendations for initial pain management for low back pain according to ACOEM are acetaminophen and NSAIDS. According to the MTUS Chronic Pain Guidelines, tramadol can be effective for the treatment of lower back pain. The lowest effective dose should be used. The medical records provided for review indicate the patient has chronic low back and shoulder pain with radiculitis. As of 3/26/13 she is being treated for depression with Paxil (an SSRI antidepressant). The primary provider is requesting tramadol 150mg daily for the treatment of chronic pain. There is no documentation that the patient is being treated with acetaminophen or that lower doses of tramadol have been tried and failed. Furthermore she is taking Paxil for the treatment of depression and therefore cannot safely take tramadol for pain. The use of tramadol 150mg is not medically necessary and appropriate

Ondansetron 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, section on Ondansetron

Decision rationale: On 1/18/13 it is documented that the patient is taking zofran (Ondansetron) for the use of nausea associated with NSAID use. Ondansetron is a selective 5-HT₃-receptor antagonist that is FDA approved for prevention of nausea and vomiting associated with emetogenic chemotherapy, radiation therapy, post-operative nausea and vomiting or severe hyperemesis grvida. According to the medical records provided for review, the patient does not have any diagnosis for which zofran is medically necessary. The request is not medically necessary and appropriate.