

Case Number:	CM13-0071716		
Date Assigned:	02/13/2014	Date of Injury:	02/06/2004
Decision Date:	06/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 patient submitted a claim for complex regional pain syndrome, associated with an industrial injury date of February 6, 2004. Medical records from 2012-2013 were reviewed, the latest of which dated November 12, 2013 revealed the patient complains of significant pain in the right shoulder, neck, low back and bilateral feet. Patient likewise experiences depression. The patient reports of both functional improvement and pain relief with medications. On physical examination, patient has an antalgic gait and walks with cane. Lumbar range of motion was full but painful with flexion and extension. Straight leg raising test was positive on the left at 90 degrees in the sitting position. There was mild decrease in sensation over the right lower extremity. Shoulder examination revealed positive bilateral Neer's test, Hawkin's test, and crossover test; there is bilateral greater tuberosity tenderness. Resisted shoulder abduction revealed decreased motor strength bilaterally. Shoulder range of motion was decreased bilaterally with abduction and flexion, both with pain. Examination of the bilateral knees demonstrated crepitus and tenderness over the medial joint line, lateral joint line, patellofemoral facet and bilateral plantar fascia. Knee range of motion was decreased bilaterally with flexion.

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 MTUS Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol Page(s): 113.

Decision rationale: As stated on page 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®) is not recommended as a first-line oral analgesic. In this case, Tramadol ER was prescribed last August 16, 2013. However, the patient has a history of use of oral NSAIDs, with noted pain relief and functional improvement. There is no clear indication at this time to necessitate adjunct opioid treatment in this case. Medical necessity has not been established. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary and appropriate.

ODANSETRON 4MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1 (accessed 5/2/2012)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the U.S. Food and Drug Administration, Drug Safety Information was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, Ondansetron was prescribed since October 29, 2013; however, the rationale was not included in the medical records submitted. In the recent clinical evaluation, there was no subjective or objective finding that warrants treatment with ondansetron. Therefore, the request for Ondansetron 4mg #30 is not medically necessary and appropriate.