

Case Number:	CM14-0102031		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2011
Decision Date:	11/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 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 is a 51-year-old female with an injury date of 09/01/11. Based on the 02/10/14 progress report provided by [REDACTED], the patient complains of neck and shoulder pain. Physical examination to the cervical spine revealed tenderness at the paravertebral muscles and upper trapezial muscles with spasm. Positive Spurling's and dysesthesia at C5 to C7 dermatomes. Range of motion was painful and restricted. Examination of the bilateral shoulders revealed tenderness at the anterior shoulders. Positive Hawkins impingement sign and in pain with terminal motion. Patient is working modified duty. Progress report dated 01/14/14 states patient underwent intramuscular injection of Toradol with Marcaine and injection of vitamin B 12 complex to the cervical spine. Treater states urine specimen was obtained to monitor medication use. Treater also states that medications are being requested under separate report, however medication reports are not available for review, nor is there mention of current medication use in records provided. Diagnosis 02/10/14- cervical discopathy- bilateral carpal tunnel/double crush syndrome- shoulder impingement, rule out rotator cuff pathology- right cubital tunnel syndrome per EMG/NCV studies The utilization review determination being challenged is dated 06/16/14. The rationale follows: 1) Sumatriptan Succinate Tablets 25mg #9, refills X2: "No evidence patient diagnosed with migraine headaches." 2) Ondansetron ODT, 8mg #30, refills X2 = 60: "No evidence patient is receiving chemotherapy." 3) Tramadol hydrochloride ER 150mg #90: "It is clinically indicated to allow a trial of the tablets for chronic pain." [REDACTED] is the requesting provider and he provided frequent reports from 04/23/13 - 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate Tablets 25 mg #9, Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Head -Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptan

Decision rationale: The patient presents with neck and shoulder pain. The request is for Sumitriptan Succinate Tablets 25mg #9, refills X2. Her diagnosis dated 02/10/14 includes cervical discopathy, bilateral carpal tunnel/double crush syndrome and shoulder impingement. Progress report dated 01/14/14 states patient underwent intramuscular injection of Toradol with Marcaine and injection of vitamin B 12 complex to the cervical spine. Treater states in progress report dated 01/14/14, that urine specimen was obtained to monitor medication use. He also states that medications are being requested under separate report, however medication reports are not available for review , nor is there mention of current medication use in records provided.ODG guidelines have the following regarding Triptans for headaches: ODG Guidelines, Head chapter, Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated."In this case, the patient does have neck symptoms but none that is consistent with a diagnosis of migraine. The request is not medically necessary.

Ondansetron ODT, 8 mg #30, Refills x2 = 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) Pain (Last Updated 4/10/14): Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with neck and shoulder pain. The request is for Ondansetron ODT, 8mg #30, refills X2 = 60. Her diagnosis dated 02/10/14 includes cervical discopathy, bilateral carpal tunnel/double crush syndrome and shoulder impingement. Progress report dated 01/14/14 states patient underwent intramuscular injection of Toradol with Marcaine and injection of vitamin B 12 complex to the cervical spine. Treater states in progress report dated 01/14/14, that urine specimen was obtained to monitor medication use. He also states that medications are being requested under separate report, however medication reports are not available for review, nor is there mention of current medication use in records provided.ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use."Treater has not stated reason for the request, but it appears he is intending

use of Ondansentron as an antiemetic, since Tramadol is being prescribed. There is no mention that patient presents with nausea or gastrointestinal complaints in review of medical records. Moreover, guidelines do not support this medication for nausea secondary to chronic opioid use. The request is not medically necessary.

Tramadol Hydrochloride ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Mtus, Medication For Chronic Page(s): 88, 89, 78, 60, 61.

Decision rationale: The patient presents with neck and shoulder pain. The request is for Tramadol hydrochloride ER 150mg #90. Her diagnosis dated 02/10/14 includes cervical discopathy, bilateral carpal tunnel/double crush syndrome and shoulder impingement. Progress report dated 01/14/14 states patient underwent intramuscular injection of Toradol with Marcaine and injection of vitamin B-12 complex to the cervical spine. Treater states in progress report dated 01/14/14, that urine specimen was obtained to monitor medication use. He also states that medications are being requested under separate report, however medication reports are not available for review, nor is there mention of current medication use in records provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In this case, treater has not stated how Tramadol reduces pain and significantly improves her activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, The request is not medically necessary.