

Case Number:	CM14-0107829		
Date Assigned:	08/01/2014	Date of Injury:	09/25/2012
Decision Date:	10/14/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported an injury on 09/25/2012. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented with continued symptomology to the right shoulder. Upon examination of the right shoulder, there was tenderness at the right shoulder acromioclavicular joint and a positive impingement and Hawkins' sign. There was pain with terminal range of motion, limited range of motion, and weakness. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuvers were positive. The diagnoses were cervical lumbar discopathy, carpal tunnel double crush syndrome, lumbar segmental instability, and internal derangement of the right shoulder. A current medication was not provided. The provider recommended Ondansetron, Tramadol, and sumatriptan succinate; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Ondansetron

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

Decision rationale: The request for Ondansetron 8 mg #30 is not medically necessary. Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting, secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks on continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to a short term duration have limited application to long term use. If nausea and vomiting remain for long, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscke Relaxants for pain Page(s): 63.

Decision rationale: The request for Orphenadrine Citrate #120 is not medically necessary. According to MTUS Guidelines, nonsedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There was a lack of documentation of the efficacy of prior use of the medication. Additionally, the provider's request for Orphenadrine citrate with a quantity of 120 exceeds the guideline recommendation for short term treatment. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol ER 150 mg #90 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication

was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Sumatriptan Succinate tablets 25mg #9 x 2: 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), Head Chapter, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs
Page(s): 107.

Decision rationale: The California MTUS did not recommend SSRI or selective serotonin reuptake inhibitors for chronic pain, but they may have a role in treating secondary depression. It has been suggested that the main role of SSRI may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRI in pain. As the guidelines do not recommend SSRIs as treatment for chronic pain, the medication would not be indicated. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.