

Case Number:	CM14-0109366		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2008
Decision Date:	09/12/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery 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 injured worker is a 53-year-old male who reported an injury on 04/20/2008. The mechanism of injury was not provided. On 04/18/2014, the injured worker presented with complaints of persistent pain. Upon examination of the lumbar spine, there was stiffness with range of motion, a positive straight leg raise and tenderness over hardware. The diagnoses were thoracic sprain and strain, displacement of the thoracic disc without myelopathy and lumbar IVD syndrome. Current medication list was not provided. The provider recommended tramadol ER and Zolofran. The provider's rationale was not provided. The Request for Authorization form was dated 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg 90Tablets: 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.

Decision rationale: The request for Tramadol ER 150 mg with 90 tablets is not medically necessary The California MTUS Guidelines 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 this medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Zolofran 8mg 40 tablets: 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 (ODG) Pain, Antiemetic.

Decision rationale: The request for Zolofran 8 mg with a quantity of 40 tablets is not medically necessary. The disability guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with opioid use. The side effects tend to diminish over days to weeks of a continued exposure. The studies of opioid adverse effects including nausea and vomiting are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, other etiology of these symptoms should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. The providers request states "Zolofran," however the clinical documents reference Zofran. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.