

Case Number:	CM14-0109816		
Date Assigned:	09/16/2014	Date of Injury:	01/14/2014
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 injured worker is a 50 year old female whose date of industrial injury was reported to be 1/14/2014. Clinical notes of primary treating provider were noted from January 2014 through June 2014. Pain management physician note from April 2014 was also reviewed. Essentially, the patient has low back pain with radiation into the left lower extremity and a clinical diagnosis of lumbar radiculopathy. Magnetic resonance imaging (MRI) of the lumbar spine has been done during the course of this illness and showed mild neural foramen narrowing at the level of the L5-S1 foramen on the left. Other mild irregularities were noted without a clinical correlate. On 6/10/2014, the primary treating provider noted that the patient had pain in the lower back and patient was reluctant to obtain epidural steroid injections. She had a normal gait on examination, no tenderness or spasm noted in the lower back, normal sensation and motor examination in the lower extremities with no bowel or bladder incontinence noted. The plan was to have her back to the clinic when someone to interpret was available and return to clinic at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg # 30 as prescribed 06/11/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - Antiemetics (For Opioid Nausea)

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

Decision rationale: Ondansetron is an anti-emetic, not recommended for chronic management of nausea and vomiting related to opiates. If nausea and vomiting continue after the first couple of weeks of opiate therapy, the recommendation is clearly to evaluate for other causes of nausea and vomiting. The provided documentation does not address nausea and vomiting at all although there is mention of nausea due to cephalalgia. This does not constitute a diagnosis. Does the patient have migraine, or tension type headache, or cluster headache or normal pressure hydrocephalus? A specific diagnosis of headache will result in specific appropriate therapy. As such, the request for Ondansetron is not medically necessary.

Orphenadrine Citrate # 120 as prescribed 06/11/ 2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

Decision rationale: Orphenadrine is an anti-cholinergic that is often used in musculoskeletal conditions whether or not spasm is present and there is some evidence of efficacy based on dated trials that date back to the 70s. It is a reasonable option for the patient in question since she has low back pain that has been unresponsive to other medications and has sedative and anxiolytic effects that may promote pain relief. The request for Orphenadrine Citrate # 120 as prescribed 06/11/ 2014 is medically necessary.

Tramadol ER 150 mg # 90 as prescribed 06/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain - Criteria for the Use of Opioids Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-88.

Decision rationale: Use of opiates for pain that is chronic and related to musculoskeletal complaints in the absence of definitive findings of nociception, that is, unequivocal tissue injury is to be discouraged and considered a last resort when other therapies fail. The patient has tried local therapies in the form of topical medications and Flexeril, an anti-spasmodic medication. However, she has not tried an adequate dose of an NSAID and physical therapy or other non-opiate measures such as massage, acupuncture, heat and ice etc. Further, prior to initiation of an opiate for chronic pain, an assessment of risk factors for misuse should be taken into account. A basic psychological assessment should be performed per applicable guidelines. The evidence for this is lacking in the provided records. The patient is just beginning a trial of NSAID and orphenadrine. Therefore tramadol is not recommended.

