

Case Number:	CM14-0119031		
Date Assigned:	09/24/2014	Date of Injury:	07/16/2013
Decision Date:	11/28/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

12/11/13 note indicates persistent neck pain with activity. Examination notes tenderness of the cervical paravertebral muscles and trapezius. Axial loading compression test and Spurling's are positive. There is dysesthesia at the C5 and C6 dermatomes. There is dysesthesia at the L5 and S1 dermatomes. Assessment was cervical and lumbar discopathy. 6/6/14 note indicates request for Sumatriptan for migrainous headache associated with chronic cervical pain. Ondansetron was requested for nausea associated with headaches with the chronic cervical pain. Tramadol was requested for acute severe pain. Terocin patch was requested for topical analgesic for muscle or joint pain.

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 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 Other Medical Treatment Guideline or Medical Evidence: PDA Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3

receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of nausea or vomiting not controlled by first line agents. Ondansetron is supported for nausea/vomiting related to cancer chemotherapy, radiation therapy and surgery. As the medical records do not reflect any of these conditions, Ondansetron is not supported for the insured; therefore, this request is not medically necessary.

Sumatriptan Succinate 25mg #9x2: 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 Official Disability Guidelines (ODG); Head, Migraine

Decision rationale: The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of a diagnosis of migraine headache. ODG supports Sumatriptan for migraine headaches. In the absence of demonstrated diagnosis of migraine, Sumatriptan would not be supported as medically necessary.

Tramadol ER 150mg #90: 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 opioids Page(s): 75-79.

Decision rationale: The medical records provided for review indicate pain in the neck with reported ongoing use of NSAID to treat the pain. However, the medical records do not indicate specific pain assessment using validated instruments to review functional ability or include opioid risk mitigation tools. MTUS supports the use of opioid as secondary line of treatment of pain that has failed other therapy and for whom opioid risk assessment and functional evaluation for determining response to treatment has been established. As such the medical records provided for review does not support treatment of Ultram at this time, therefore this request is not medically necessary.

Terocin Patch #30: 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 topicals
Page(s): 111.

Decision rationale: Topical Terocin is not supported as approved by FDA for single topical use for spine related pain. The medical records report pain in the spine cervical and lumbar region. ODG guidelines do not support topical agent that contains one or more agents that are not approved for topical use on individual basis. Therefore, this request is not medically necessary.