MAXIMUS Federal Services

Case Number:	CM14-0120952		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2012
Decision Date:	12/12/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Practice and is licensed to practice in Alabama, Mississippi and Tennessee. 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 34-year-old male who reported an injury on 05/10/2012. The mechanism of injury is not specified. His diagnoses include lumbago. Past treatments included medication. On 06/05/2014, the injured worker complained of constant low back pain rated 9/10 radiating into the lower extremities. The physical examination revealed tenderness and spasms upon palpation. The notes also indicated a positive seated nerve root test, sensation and strength were noted to be slightly decreased with tingling and numbness in the S1 dermatomal pattern, and range of motion was indicated as guarded and restricted upon flexion and extension. The treatment plan included continued medications and pending authorization for a lumbar sympathectomy and posterior lumbar interbody fusion. Requests were received for Ondansetron 8 mg #30 times 2 and Orphenadrine Citrate ER 100 mg #120, a rationale was not provided. A Request for Authorization form was submitted on 06/05/2014 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 x 2: 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) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for ondansetron 8mg #30 x 2 is not medically necessary. According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. However, antiemetics are approved for nausea and vomiting secondary to chemotherapy and radiation treatment, or postoperative use and gastroenteritis. The injured worker is indicated to have chronic low back. However, there is lack of documentation indicating the injured worker is on chemotherapy, radiation treatment, has gastroenteritis, or is needed for postoperative use. Furthermore, the documentation fails to indicate current usage or efficacy of taking antiemetics. Based on the lack of documentation indicating the injured worker has nausea or vomiting due to chemotherapy, radiation treatment, gastroenteritis, was indicated for a surgical procedure, and a lack of evidence of usage and efficacy of the medication, the request is not supported by the guidelines. In addition, request fails to provide a frequency. As such, the request for Ondansetron 8mg #30 x 2 is not medically necessary.

Orphenadrine Citrate ER 100mg #120: 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 Antispasmodic Page(s): 65.

Decision rationale: The request for Orphenadrine citrate ER 100mg #120 is not medically necessary. According to the California MTUS Guidelines, antispasmodics are used to decrease muscle spasms in conditions such as low back pain or for the treatment of musculoskeletal conditions. The guidelines also state that orphenadrine effects are thought to be secondary to analgesics and anticholinergic properties. The injured worker is noted to have chronic low back pain. However, there is lack of documentation to indicate current usage or efficacy of the medication. Based on the lack of documentation required for indication of use and lack of evidence pertaining to usage and efficacy, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Orphenadrine citrate ER 100mg #120 is not medically necessary.