

Case Number:	CM14-0125075		
Date Assigned:	08/11/2014	Date of Injury:	06/29/2012
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas, Ohio. 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 55-year-old male who reported an injury on 06/29/2012. The mechanism of injury was not stated. Current diagnosis is lumbago. The latest physician progress report submitted for this review is documented on 07/28/2014. The injured worker presented with complaints of constant low back pain with activity limitation. It is noted that the injured worker has been previously treated with physical therapy, chiropractic treatment, and medication management. Physical examination on that date revealed no acute distress, paravertebral muscle tenderness with spasm, positive straight leg raising, guarding, tingling and numbness in the posterior leg and lateral foot in the S1 dermatomal pattern and asymmetric ankle reflexes. It was noted that the injured worker's medication refills were being ordered under a separate cover letter. The separate letter was not provided for this review. It is also noted that the injured worker was pending authorization for a lumbar interbody fusion. There was no Request for Authorization Form submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg, #60: 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) Chronic Pain chapter, Ondansetron, Antiemetics.

Decision rationale: The Official Disability Guidelines state ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.

Tramdol Hydrochloride 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond nonopioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use. There is no frequency listed in the request. As such, the request is non-certified.

Cyclobenzaprine Hydrochloride tablets 7.5mg #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 Muscle relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no frequency listed in the request. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.