

Case Number:	CM14-0137165		
Date Assigned:	09/05/2014	Date of Injury:	04/08/2005
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 72 year old female with an injury date of 04/08/05. The 04/09/14 report is the only progress report provided. [REDACTED] states the patient presents with acid reflux and severe "S spine" pain. The report notes the patient has been instructed to remain off work. Examination reveals the abdomen is soft and slightly tender. The patient's diagnoses include 1. "Wc Gastroesophageal" Reflux disease, 2. Nonorganic Sleep Disorder, 3. Other Specified Gastritis. Medications are listed as continuing transdermals, omeprazole and nizatidine. The physician notes that Tramadol will be tried for severe pain. The utilization review being challenged is dated 07/30/14. The rationale is that Tramadol was recently certified for one month to allow for documentation of drug screen results, opiate agreement and VAS scores. Reports were provided from 04/09/14 to 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg One Cap p.o. Daily Unknown Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with acid reflux and severe spine pain. The physician requests for Tramadol Er 150 mg One Cap p.o. (quantity unknown) for severe spinal pain. Per the 07/16/14 and 04/09/14 comprehensive prescription drug panel reports, no medications were detected for any of the tests performed. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." In this case, only one treatment report has been provided. The utilization review of 07/30/14 discusses a prior certification of Tramadol, and the records provided do not document or discuss the patient's treatment as required by the above guidelines. Therefore, the request for Tramadol ER 150mg One Cap p.o. Daily unknown quantity is not medically necessary and appropriate.

Ondansetron 8mg one Tab p.o. Daily Unknown Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Zofran (Ondansetron)

Decision rationale: The patient presents with acid reflux and severe spine pain. The physician requests for Ondansetron 8 mg one Tab p.o. daily (quantity unknown). It is not known from the reports provided how long the patient has been taking this medication. ODG guidelines have the following regarding Ondansetron: Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for chemo-induced or post-operative nausea. In this case, the reports provided show no discussion as to why this medication is being prescribed. There is no evidence of recent surgery or chemotherapy. Ondansetron is not indicated for opiate induced nausea. Therefore, the request for Ondansetron 8mg one Tab p.o. Daily unknown quantity is not medically necessary and appropriate.