

Case Number:	CM14-0137489		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2012
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
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 Occupational 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:

According to the records made available for review, this is a 55-year-old male with a 9/27/12 date of injury. A utilization review dated 8/14/14 denied/modified requests for Cyclobenzaprine Hydrochloride 7.5mg #120, Ondansetron ODT tablets 8mg #30, and Tramadol Hydrochloride ER 150mg #90. At that time, there is documentation of subjective complaints of continued low back pain, along with objective findings of tenderness over the lumbar spine and positive bilateral straight leg raising test with weakness. The current diagnosis is listed as lumbago, and treatment to date has consisted of medications, including ongoing treatment with Naproxen, Cyclobenzaprine, Ondansetron, and Tramadol since at least 4/15/14. There is no documentation of an acute exacerbation of chronic pain, short-term treatment duration (less than two weeks), or functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications, resulting from the use of Cyclobenzaprine to date. Regarding Ondansetron, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment or postoperative status, nor of acute gastroenteritis. Regarding Tramadol, there is no documentation of moderate to severe pain, no indication that the prescriptions are from a single practitioner and are being taken as directed, and no notation that the lowest possible dose is being prescribed and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Also, documentation does not show evidence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications, as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines lists documentation of an acute exacerbation of chronic low back pain and evidence of use as a second-line option for short-term treatment as criteria necessary to support the medical necessity of muscle relaxant. The MTUS Definitions section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended for short-term treatment (less than two weeks). Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, there is documentation of ongoing treatment with Cyclobenzaprine and its use as a second-line agent. However, there is no documentation of acute muscle spasms or an acute exacerbation of chronic pain. In addition, given documentation of Cyclobenzaprine use since at least 4/15/14, there is no documentation that treatment duration is intended to be kept brief (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement, as defined by the MTUS, as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Ondansetron ODT tablets 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary, and on the Non-MTUS Mosby's Drug Consult

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

Decision rationale: The ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). The MTUS Definitions section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of

lumbago. In addition, there is documentation of ongoing treatment with Ondansetron. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT tablets 8mg #30 is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 74-80 and 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies the following criteria necessary to support the medical necessity of opioids: documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, specifically regarding Tramadol, the Chronic Pain Medical Treatment Guidelines require documentation of moderate to severe pain and evidence that Tramadol is being used as a second-line treatment (alone or in combination with first-line drugs) in order to support the medical necessity of Tramadol. The MTUS Definitions section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbago. In addition, given documentation of ongoing treatment with Tramadol along with a non-steroidal anti-inflammatory drug (NSAID), there is evidence of Tramadol being used as a second-line treatment (in combination with a first-line drug). However, there is no documentation of moderate to severe pain necessitating the use of Tramadol. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; or that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement, as defined by the MTUS, as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.