

Case Number:	CM14-0167234		
Date Assigned:	10/14/2014	Date of Injury:	04/04/2013
Decision Date:	11/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Management, 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 51-year-old male with an injury date of 04/04/2013. According to the 09/04/2014 progress report, the patient has constant pain in the mid-low back, which is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The patient describes the pain as being sharp and rates it as a 6/10. This pain radiates into his lower extremities. In regards to the thoracic and lumbar spine, there is palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Both standing flexion and extension are guarded and restrictive. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. The 08/15/2013 MRI of the lumbar spine revealed the following: 1. Mild straining of the lumbar spine, which may be positional or related to spasm. 2. Mild degenerative disk and facet joint disease. 3. A 3 to 4 mm broad-based central and left paracentral disk protrusion along with hypertrophic changes of the facet joints and ligamentum flavum redundancy at the L5-S1 level, causing mild left lateral recess stenosis. There is mild narrowing of the inferior recess of the neuroforamen. The 08/26/2014 MRI of the cervical spine revealed the following: 1. Foramina and facets may be further assessed with CT scan of the cervical spine if clinically desirable and appropriate. 2. Reversal of the cervical lordosis in the upper cervical spine. This may be associated with spasm. 3. Cerebellar tonsils are low in position. This may be within the normal range but could indicate an Arnold-Chiari type I malformation. 4. Disk and facet abnormalities at C3-C4. The patient's diagnoses include the following: 1. Thoracic disk GEN. 2. Lumbago. The utilization review determination being challenged is dated 09/10/2014. Treatment reports were provided from 04/09/2014 - 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg #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) Ondansetron

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron (Zofran®), under Pain (Chronic)

Decision rationale: According to the 09/04/2014 progress report, the patient complains of having mid-low back pain, which radiates to his lower extremities. The request is for Ondansetron 8 mg #30. MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines have the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron; this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." None of the reports provided discuss the indications required by ODG for use of this medication. The request is not medically necessary and appropriate. None of the reports provided discuss the indications required by ODG for use of this medication. Recommendation is for denial.

Cyclobenzaprine 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants. Page(s): 64.

Decision rationale: According to the 09/04/2014 progress report, the patient complains of having mid-low back pain, which radiates into the lower extremities. The request is for Cyclobenzaprine 7.5 mg #120. The report with the request was not provided. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, there is no indication of when the patient began taking cyclobenzaprine nor it is known if this patient intends on taking this medication for a long term or short term basis. The request is not medically necessary and appropriate.

Tramadol 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89,78.

Decision rationale: According to the 09/04/2014 progress report, the patient complains of having mid-low back pain, which radiates into the lower extremities. The request is for tramadol 150 mg #90. The report with the request was not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the progress reports provided discussed any changes in ADLs, analgesia, adverse side effects, or adverse behavior. Due to lack of documentation, the request is not medically necessary and appropriate. In this case, none of the progress reports provided discussed any changes in ADLs, analgesia, adverse side effects, or adverse behavior. Due to lack of documentation, recommendation is for denial.