

Case Number:	CM14-0020842		
Date Assigned:	04/30/2014	Date of Injury:	05/27/2012
Decision Date:	10/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 38 year old male with complaints of low back pain, neck pain, left hand pain, left foot pain. The date of injury is 5/27/12 and the mechanism of injury is repetitive motion injuries over time involving certain activities related to his job as a deputy sheriff (lifting and dragging suspects over 100 pounds, wearing heavy equipment including a gun belt and vest, etc.). At the time of request for odansetron 8mg#30x2 and tramadol ER 150mg#90, there is subjective (low back pain, neck pain, left hand pain, left foot pain) and objective (muscle spasm paraspinal cervical spine, positive axial loading compression test cervical spine, positive phalen's test left side, positive tinel's sign left wrist, diminished sensory radial side 3 digits left hand, pain with terminal motion lumbar spine, seated nerve root test is positive, dysesthesia at L5 and S1 dermatomes, tenderness to palpation plantar aspect of left foot and ankle, pain with dorsiflexion of left foot) findings, imaging findings (cervical spine xray shows spondylosis and disc space collapse at C5-6), diagnoses (cervical discopathy, cervicgia, lumbar discopathy, left carpal tunnel syndrome, possible internal derangement left foot), and treatment to date (medications, lumbar epidural steroids, chiropractic manipulation, rest, physical therapy). Odansetron is a serotonin 5-HT3 receptor antagonist. Per ODG, 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. Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg#30X2 qty: 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) Pain (Chronic), antiemetics (for opioid nausea).

Decision rationale: This drug is a serotonin 5-HT₃ receptor antagonist. Per ODG, 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. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Therefore, the request for Ondansetron ODT tablets 8mg#30X2 qty: 60 is not medically necessary and appropriate.

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 Page(s): 74-84.

Decision rationale: Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is no documentation of efficacy of treatment with tramadol nor is there evidence of any established opioid prescribing program/surveillance/drug testing in the medical records supplied, this medication should be discontinued. The request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary and appropriate.