

Case Number:	CM14-0021834		
Date Assigned:	06/11/2014	Date of Injury:	01/11/2010
Decision Date:	08/21/2014	UR Denial Date:	02/06/2014
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 Neurology has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 57-year-old female who sustained a work related injury on April 16, 2010. She subsequently developed neck pain. The patient underwent a cervical spine surgery and a cervical hybrid reconstruction. According to a progress report dated December 20, 2012, the patient reported a significant improvement in overall symptoms with only mild residual nausea and headache. Her physical examination demonstrated cellulitis and erythema around the surgical site. According to a progress notes dated on January 31, 2013 and September 26, 2013, the patient reported persistent neck pain. She has numbness and tingling of the hands. A physical examination showed cervical tenderness and spasm, positive Tinel's sign at the wrist and elbows bilaterally. The patient was diagnosed with status post cervical hybrid reconstruction. The patient's treatment included physical therapy and medications (Levofloxacin, Sumatriptan Succinate, Ondansetron, and Naproxen). The patient has a history of GI pain on Naproxen. The provider requested authorization to use Ondansetron, Tramadol Hydrochloride, and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8 MG #30 WITH ONE REFILL DOS: 7/1/13: 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; FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no recent documentation in the patient's chart regarding the occurrence of chemotherapy medications induced nausea and vomiting. Ondansetron is not approved for opioids induced nausea and vomiting. Therefore, the prescription of Ondansetron is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90 DOS: 7/1/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management however it is not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, and for the medical office to have the following: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient's pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no recent objective documentation of pain severity level to justify the use of narcotics in this patient. There is no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol Hydrochloride is not medically necessary.

MEDROX PAIN RELIEF OINTMENT 120GM #2 DOS: 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch (Menthol, Capsaicin, and Methyl Salicylate). Therefore, topical analgesic Medrox (Menthol, Capsaicin, and Methyl Salicylate) is not medically necessary.