

Case Number:	CM14-0030376		
Date Assigned:	06/20/2014	Date of Injury:	08/15/2008
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 57-year-old female who was reportedly injured on August 15, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of cervical spine and lumbar spine pains. The physical examination demonstrated tenderness along the cervical and lumbar spine with spasms and decreased range of motion. There was a positive straight leg raise test as well as a positive Spurling's test. There were diagnoses of lumbago and brachial neuritis. Physical therapy and pain management were recommended. A request had been made for ondansetron, cyclobenzaprine, tramadol and terocin patches and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: The injured employee has been previously prescribed tramadol; however, the medical record does not indicate what type of pain relief was achieved from this medication or if it was able to improve the injured employee's functional status and ability to perform activities of daily living. Furthermore, there has been no documentation regarding screening for side effects or aberrant behavior. For these reasons, this request for tramadol is not medically necessary.

Ondansetron ODT 8mg #30 times two.: 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), Pain Chapter, Antiemetics (for Opioid Nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26,(Effective July 18, 2009) Page(s): 78 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, Criteria For Use, Updated July 10, 2014.

Decision rationale: Ondansetron is a medication used to treat nausea and vomiting that sometimes occurs secondary to chemotherapy or in a postoperative setting. The official disability guidelines do not recommend this medication for use for nausea and vomiting secondary to opioid usage. This request for ondansetron is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 63 of 127 Page(s): 63 OF 127.

Decision rationale: Non-sedating muscle relaxants are to be used with caution as a second line option for short term treatment of acute exacerbations in those with chronic low back pain. There is no mention in the attach medical record that the injured employee is having acute episodes or exacerbations. Additionally, this prescription is for 120 tablets, which does not indicate occasional short term usage. For these reasons, this request for cyclobenzaprine is not medically necessary.

Terocin Patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: Guidelines only recommend topical analgesic medications containing anti-inflammatory, capsaicin or lidocaine. There has been no shown efficacy to additional ingredients other than those mentioned. The medical record does not reflect pain relief from the specific medication. For these reasons, this request for Terocin patches is not medically necessary.