

Case Number:	CM14-0033379		
Date Assigned:	06/20/2014	Date of Injury:	01/01/1999
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 injured worker is a 56-year-old male reported an injury on 01/01/1999 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/27/2014, it was annotated that pharmacological agents were requested for the symptomatic relief of the injured worker's persistent pain. Prior treatments included physical therapy, medications, and conservative therapies. The Request for Authorization for Omeprazole delayed release for GI symptoms, Ondansetron for nausea associated with the headaches that are present with chronic cervical spine pain, Cyclobenzaprine for palpable muscle spasms noted during the examination, Tramadol Hydrochloride for acute severe pain, Levofloxacin tablets to avoid postoperative infection, and Terocin patch to assist the injured worker with the treatment of mild to moderate acute or chronic aches or pain was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tab 8mg #60: 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.

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

Decision rationale: The request for Ondansetron ODT tab 8 mg #60 is not medically necessary. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) 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. The clinical notes provided for review state that the prescribed Ondansetron is for nausea associated with the headaches that are present with chronic cervical spine pain however; the guidelines state that the use of Ondansetron is not recommended for use other than chemotherapy and radiation treatment or postoperative use. There is also a lack of documentation of the injured worker complaining of headaches associated with chronic cervical spine pain. Furthermore, the request lacks the frequency at which the prescribed medication of Ondansetron is to be taken. Therefore, the request for Ondansetron ODT tab 8 mg #60 is not medically necessary.

Cyclobenzaprine Hcl 7.5mg tab #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine , page(s) 41-42 Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine HCl 7.5 mg tab #120 is not medically necessary. The California MTUS Guidelines state that Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is most effective in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. In the clinical notes provided for review, it is indicated that the request of Cyclobenzaprine HCl is for palpable muscle; however, the clinical notes provided for review did not note the physical findings of muscles spasms within the documentation. Furthermore, the frequency is not annotated and the quantity exceeds the recommended course of therapy of 4 days. Therefore, the request for Cyclobenzaprine HCl 7.5 mg tab #120 is not medically necessary.

Tramadol hcl 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 Guidelines Opioids, specific drug list, page(s) 93-94 Page(s): 93-94.

Decision rationale: The request for Tramadol HCl ER 150 mg #90 is not medically necessary. The California MTUS Guidelines state that Tramadol is indicated for moderate to severe pain. It is annotated that injured worker currently not on immediate release tramadol should be started at

a dose of 100 mg once daily. The dose should be titrated upwards by 100 mg increments if needed (max dose 300mg/day). In the clinical notes provided for review, it is indicated that the request for tramadol HCl ER is for as needed basis for acute severe pain. There is also lack of documentation of the injured worker's pain level status. It is noted that the request is for Tramadol ER 150 mg, which exceeds the recommended dose of 100 mg once a day for those who are not on immediate release tramadol of which there is a lack of documentation of the injured worker having previous or concurrent usage. Furthermore, there is also a lack of documentation within the request of the frequency of the prescribed medication. Therefore, the request for Tramadol HCl ER 150 mg #90 is not medically necessary.