

Case Number:	CM14-0046816		
Date Assigned:	07/02/2014	Date of Injury:	09/26/2012
Decision Date:	10/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 37-year-old male who has submitted a claim for lumbar spine strain with right S1 radiculopathy, 6mm right L5-S1 herniated nucleus pulposus associated with an industrial injury date of 9/26/2012. Medical records from 11/22/13 up to 3/10/14 were reviewed showing continued pain in the lumbar spine area aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Patient wishes to proceed with the recommended surgery. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There is pain upon terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. There is weakness of the right extensor hallucis longus and anterior tibialis. The patient has a foot drop on the right side. Surgery was scheduled for 3/21/2014. Treatment to date has included Tramadol 150prn as needed, Naproxen, Ibuprofen, Flexeril, Vicodin, and injections. Utilization review from 3/31/2014 denied the request for Ondansetron ODT 8 mg #60, Terocin patch #10 and modified the request for Tramadol ER 150mg #90 to one month. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8 mg #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 Chapter, Antiemetics (for opioid nausea) and Ondansetron

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, initial use of the medication was not clearly indicated in the documents provided. It was noted in PR dated 3/10/2014 that the patient will undergo surgery on 3/21/14. However, there was no documentation of the procedure. There were no complaints of nausea and vomiting to warrant intake of Ondansetron. Therefore, the request for Ondansetron ODT 8 mg #60 is not medically necessary.

Terocin patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, initial use of the medication was not clearly indicated in the documents provided. There was no evidence that the patient has tried TCAs/SNRIs/AEDs prior to the prescription of this patch. Therefore, the request for Terocin patch #10 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In

this case, the patient has been using Tramadol since at least 1/2014 on an as needed basis only. There was no documentation of pain relief, improved functioning, urine drug screening, or mention of any side effects in the records provided. Therefore, the request for Tramadol ER 150 mg #90 is not medically necessary.