

<b>Case Number:</b>	CM14-0059929		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 53-year-old woman who sustaine a work related injury on December 9, 2013. She subsequently developed back and neck pain. The patient has a history of a fall injury involving her left knee at work on April 15, 2013 and a back and neck injury on December 9, 2013. She also had a motorcycle accident on april 18, 2012. According to the progress report dated March 17, 2014, the patient was taking Motrin, and Norco as needed. His pain level was at 6-7/10. The patient was treated with heating pad and stretching exercises. Her physical examination revealed tenderness over right sciatic notch. The patient was treated with musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and compression fracture of L1 and L2 as well as disc bulge L3-4 (2 mm) and L4-5 (4-5 mm) as reported by the MRI of December 23, 2013. The provider requested authorization to use Tramadol/ Acetaminophen/ Ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compenstion, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That 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. The proposed compound contains Ondansetron a topical analgesic that is not recommended by MTUS. There is no documentation of failure of first line pain medications. Based on the above, Tramadol/Acetaminophen/Ondansetron 50/250/2mg #90 is not medically necessary.