

Case Number:	CM14-0060203		
Date Assigned:	07/09/2014	Date of Injury:	01/05/2010
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family 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:

This is a 48-year-old female patient who reported an industrial injury on 1/5/2010, over 4 1/2 years ago, attributed to the performance of her customary job tasks. The patient reportedly had a reaction to taking tramadol and omeprazole. The patient was also prescribed Lidoderm patches. The patient complained of back pain, right elbow pain, right shoulder pain, and neck pain. The MRI of the cervical spine dated to 3/2014 documented evidence of disc bulges at C3-C4 with mild diffuse flattening of the dura at C3-C6 and mild right neural foraminal narrowing at C5-C6 secondary to uncinat process hypertrophy. The patient reportedly was not taking any medications and was not doing physical therapy. The objective findings on examination included SLR resulted in low back pain; diminished sensation noted in the anterior right side; gait is slow and deliberate; able to perform heel-toe walk; diminished range of motion to the lumbar spine; tenderness over the left posters appear iliac spine. The patient was documented to have been provided a Tramadol IM injection during the office visit. The diagnoses included knee internal derangement; lateral ligament injury to the ankle, heel spur, musculoligamentous sprain of the lumbar spine with radiculitis, trochanteric bursitis, shoulder tendinitis, de Quervain's keynote synovitis and lumbar disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramasetron 100/250/2mg (tramadol/acetaminophen/ondansetron) #90 one TID PRN:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter chronic pain medications; opioids.

Decision rationale: The prescription for Tramadol in the form of Tramadol/APAP/Ondansetron for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain for the symptoms documented by the requesting provider. Patient was documented be taking no medications which would provide evidence that the patient would be treated adequately with OTC analgesics. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The chronic use of Tramadol is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic knee pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol in the form of Tramadol/APAP/Ondansetron is not demonstrated to be medically necessary. The treating physician provided no objective evidence to support the medical necessity of the prescribed Zofran for nausea or vomiting in the form of Tramadol/APAP/Ondansetron. The prescription of Zofran or Ondansetron for episodes of nausea and vomiting allegedly due to the medications prescribed is not supported with objective evidence. Zofran is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects or the post-operative course of treatment. There is no documentation of which medications caused such side effects or the use of typical generic medications generally prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics, rationale as to the cause of the nausea and vomiting, or how it is directly or temporally related to the DOI. There is no rationale or demonstrated medical necessity for the prescription of Tramadol compounded with Zofran and acetaminophen. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects.