MAXIMUS Federal Services

Case Number:	CM14-0082237		
Date Assigned:	07/21/2014	Date of Injury:	06/23/2013
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 58-year-old male who reported an injury on 06/24/213 due to cumulative trauma. On 01/10/2014, the injured worker presented with persistent pain in the neck and low back pain. Upon examination of the cervical spine, there was tenderness at the cervical paravertebral muslces and upper trapezius muscle with spasm. There was a positive axial loading compression test and Spurling's maneuver. There was painful restricted cervical range of motion dysesthesia to the C6 and C7 dermatomes. The injured worker has symptoms of double crush syndrome as there was a positive palmer compression test. There was reproducable symptomatology in the median nerve distribution with positive Tinel's, consistent with carpal tunnel syndrome. Examination of the lumbar spine noted tenderness from the mid to distal lumbar segments. There was a pain with terminal motion and a positive nerve root test. There was dysthensia from the L5 to S1 dermatomes. The diagnoses were cervical/lumbar discopathy and carpal tunnel double crush syndrome. The current medication list was not provided. The provider recommended Tramadol ER, Cyclobenzaprine, and Ondansetron. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing monitoring of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidence. In this case, there was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Tramadol ER 150mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #20: 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 Cyclobenzaprine (Flexeril).

Decision rationale: The California MTUS Guidelines recommend the cyclobenzaprine as an option for a short course of therapy. The fact of the medication is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The provided medical records lack documentation of significant objective functional improvement with the use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Cyclobenzaprine 7.5mg #20 is not medically necessary and appropriate.

Ondansetron 8mg ODT #30: 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary (4/10/2014).

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.

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with opioid use. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids' adverse effects, including nausea and vomiting, are limited to short-term duration and of limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend

Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. As such, the request for Ondansetron 8mg ODT #30 is not medically necessary and appropriate.