MAXIMUS Federal Services

Case Number:	CM14-0174743		
Date Assigned:	10/28/2014	Date of Injury:	05/29/2014
Decision Date:	03/20/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who reported an injury on 03/22/1978 due to an unspecified mechanism of injury. A PR2 report dated 09/23/2014 shows that it was found medically necessary for the injured worker to receive fenoprofen calcium (Nalfon) 40 mg #120 for anti-inflammatory effects, cyclobenzaprine hydrochloric tablets 7.5 mg #120 for palpable muscle spasms noted during examination, sumatriptan succinate tablets 25 mg #9 for migraine headaches, ondansetron ODT 8 mg #30 for nausea associated with headaches, omeprazole 20 mg #120 for GI symptoms, quazepam 15 mg for sleep disturbances, tramadol ER 150 mg #90 for severe pain, Cidaflex for joint pain, ketoprofen capsules for inflammation pain, and Terocin patches, Menthoderm gel, and levofloxacin, as well as hydrocodone/acetaminophen for acute severe pain. No additional information was provided regarding physical examination findings, subjective complaint, or relevant diagnosis. The treatment plan was for ondansetron, cyclobenzaprine, and tramadol. The rationale for treatment was to address the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain; Zofran

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: According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use, but are recommended for acute use for differential diagnosis, such as gastroparesis. Based on the clinical documentation submitted for review, the injured worker was noted to be using ondansetron for nausea associated with migraine headaches. However, there is a lack of documentation regarding the injured worker's response to this medication in terms of pain relief or objective improvement in function. In addition, the frequency of the medication was not supplied within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is non-certified.

Cyclobenzaprine Hydrochloride tablets 7.5 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants are recommended as a second line option for low back pain for the shortest duration of use of longer than 4 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be taking cyclobenzaprine hydrochloride tablets for palpable spasms found on examination. However, there is a lack of documentation indicating that the injured worker has had an objective improvement in function or a quantitative decrease in pain with the use of this medication to support its continuation. In addition, it is unclear how long the injured worker has been using this medication, and without this information, the continuation would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not provided within the request. As such, the request is not supported. Therefore, the request is non-certified.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Managment Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg #90 is not supported. There is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not supplied within the request. Therefore, the request is not supported. As such, the request is non-certified.