

Case Number:	CM14-0174951		
Date Assigned:	10/28/2014	Date of Injury:	10/19/2012
Decision Date:	04/03/2015	UR Denial Date:	09/24/2014
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 10/19/2012. A prior request for ondansetron, cyclobenzaprine hydrochloride, and tramadol ER had been made in 09/2014, all of which had been denied as the ondansetron is not a recommended medication under the guidelines, with omeprazole not warranted as there was no evidence of continued NSAID use or specific documentation of gastrointestinal complaints. Additionally, although the tramadol was indicated as being non-certified, the injured worker had been warned that additional certification of the opioid medication on subsequent review would require documentation of a current urine drug test, risk assessment profile, and attempt at weaning/tapering or an updated and signed pain contract with evidence of objective functional benefit as a result of the medication. There reportedly had not been follow through with that recommendation and the medication was hence non-certified. When the injured worker was seen on 08/28/2014, she complained of constant pain in the cervical spine aggravated by repetitive motions of her neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. She described the pain as sharp with radiation into the upper extremities. She also had associated headaches which were migrainous in nature as well as tension between the shoulder blades. She rated her pain level as a 6/10. She also had constant low back pain aggravated by bending, lifting, twisting, pushing, and pulling as well as prolonged sitting, prolonged standing, and walking multiple blocks. She further described the characteristics of that pain as sharp with radiation into the lower extremities which she rated as a 7/10. Her examination identified tenderness to the paraspinal muscles in the cervical and lumbar region

with a positive Spurling's maneuver and a seated nerve root test in the lumbar region. She was diagnosed with cervicgia and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg # 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.

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, Ondansetron (Zofran¹/₂).

Decision rationale: Under the Official Disability Guidelines, ondansetron is not recommended for treatment of nausea and/or vomiting secondary to chronic opioid use. In the case of this injured worker, there was a lack of information pertaining to how this medication was beneficial for treating her symptoms. The most recent examination did not identify the injured worker as having any nausea related to chronic opioid use. Therefore, the requested service was determined to be not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Under the California MTUS Guidelines, without the physical examination identifying any significant muscle spasms related to the cervical or lumbar region, the injured worker was not identified as necessitating this medication. Additionally, the guidelines do not recommend long term use of this medication as it commonly is of greatest effect within the first 4 days. Therefore, after review of the clinical documentation, the requested service was determined to be not medically necessary.

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 Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having any reference to how the prior use of this medication had significantly decreased the injured worker's symptoms and improved her overall functional status, ongoing use cannot be supported. Additionally, there was no reference to the injured worker having undergone a recent urine drug screen or provided a current signed pain contract as means of providing proof of compliance with her medication regimen to support ongoing use. Therefore, the medical necessity has not been established.