

Case Number:	CM14-0187016		
Date Assigned:	11/17/2014	Date of Injury:	12/20/2010
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Florida. 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 45-year-old Male who sustained an injury on 12/20/2010. He was rear ended in a vehicle and sustained injuries to his neck, back, left shoulder and left arm. He has had MRI's performed of his left shoulder, cervical spine, and lumbar spine. He was subsequently diagnosed with left shoulder rotator cuff tendinitis and impingement, Lumbar spine arthropathy at L5-S1 and L4-L5, Cervical spine herniated disc a C5-C6 with severe left foraminal stenosis at C6-C7. Prior treatment has included C5-C7 hybrid reconstruction surgery, physical therapy, acupuncture, a home exercise program, and medications. A utilization review physician did not certify requests for the following medications: Zofran (Ondansetron,) Tramadol, and Flexeril (Cyclobenzaprine.) Likewise, an independent medical review has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Pain Chapter, Antiemetics for opio.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) Antiemetics

Decision rationale: The California MTUS guidelines do not address the usage of Ondansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80,93,94,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiates Page(s): 113-125.

Decision rationale: California MTUS guidelines state, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. There is no documentation of a recent drug screen. Likewise, this request for Tramadol is not medically necessary.