MAXIMUS Federal Services

Case Number:	CM14-0201687		
Date Assigned:	12/12/2014	Date of Injury:	04/05/2004
Decision Date:	02/25/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 claimant had a date of injury of 4/5/2004. Diagnoses include low back strain and right knee strain. Therapy has included physical therapy and medication. The request is for tramadol/acetaminophen/ondansetron 50/250/2 #90 3 R.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen/Ondansetron 50/250/2 MG #90 with 3 Refills: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

Decision rationale: Neither CA MTUS nor ODG directly address the compounded combination of tramadol/acetaminophen/ondansetron. However, CA MTUS does address the use of opioid medication, such as the tramadol component of this medication. CA MTUS outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals,

documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol and , by extension, with tramadol/acetominophen/ondansetron.