

Case Number:	CM15-0006664		
Date Assigned:	01/26/2015	Date of Injury:	04/24/2014
Decision Date:	05/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/12/2015

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 26 year old female, who sustained an industrial injury on 4/24/2014. She reported injury from a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar discopathy, cervicgia, left ankle fracture and rule out internal derangement of the bilateral shoulders and left knee. There is no record of a recent radiology study. Treatment to date has included surgery, physical therapy and medication management. Currently, the injured worker complains of neck and shoulder pain, left hand pain, left knee pain and low back pain. In a progress note dated 11/18/2014, the treating physician is requesting Ondansetron, Tramadol and Sumatriptan Succinate.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Antiemetics -for opioid nausea.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for ONDANSETRON 8MG #30. Regarding work status, the treater states that the patient can continue working modified duty. The MTUS and ACOEM guidelines do not mention Ondansetron. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain Chronic-- chapter, Antiemetics --for opioid nausea--: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron --Zofran--: This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In this case, the treater requested Ondansetron for nausea associated with the headaches that are present with chronic cervical spine. Given the lack of support from the guidelines for the use of this medication for nausea associated with chronic pain, the request IS NOT medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for TRAMADOL ER 150MG #90. Per 01/06/15 progress report, Nalfon, Omeprazole, Cyclobenzaprine, Tramadol and Lunesta are prescribed. Regarding work status, the treater states that the patient can continue working modified duty. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding work status, the treater states that the patient can continue working modified duty. In this case, the treater provides a general statement indicating that the use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement in function. But the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Sumatriptan Succinate 25mg #9with 2 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): triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Imitrex Sumatriptan and Triptans.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for SUMATRIPTAN SUCCINATE 25MG #9 WITH 2 REFILLS. Per 11/28/14 progress report, "the headaches this patient suffers relate to the ongoing cervical spine symptomatology and present in a migrainous fashion. They are present at all times of increased pain in the cervical spine and are associated with nausea which is a clear presentation of migrainous symptoms." Regarding work status, the treater states that the patient can continue working modified duty. MTUS does not specifically address this medication. ODG, Head Chapter, Imitrex Sumatriptan and Triptans, states, recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. In this case, the utilization review letter on 01/12/15 indicates that the patient has utilized this medication. The treater requested Sumatriptan succinate for the migrainous headaches that is associated with the chronic cervical pain. The patient presents with cervicogenic headaches which the treater indicates is migrainous. However, a diagnosis of migraines with it's typical presentation, aura, and intermittent nature are not well documented. Furthermore, the treater does not indicate how it is used with what effectiveness. MTUs page 60 require recording of pain and functional when medications are used for chronic pain. The request IS NOT medically necessary.