

Case Number:	CM15-0161326		
Date Assigned:	08/27/2015	Date of Injury:	09/25/2006
Decision Date:	10/29/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, low back, and upper extremity pain with derivative complaints of insomnia reportedly associated with an industrial injury of September 25, 2006. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for Zofran and tramadol. The claims administrator referenced progress notes and RFA forms of July 23, 2015 and July 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported 7 to 8/10 pain with medications versus 7 to 8/10 pain without medications. Multifocal complaints of neck, low back, upper extremity and lower extremity pain were reported. The attending provider acknowledged that the applicant was constrained in ability to perform activities as basic as self-care, personal hygiene, walking, and sleeping, despite ongoing medication consumption. The applicant had employed acupuncture and a TENS unit with only fleeting relief. The applicant was also seeing a psychiatrist, it was reported. The applicant had developed GI upset with Tylenol No. 3, it was reported. The applicant was using a cane to move about, it was acknowledged. The applicant was not working, it was reported. The applicant was given Toradol-vitamin B12 injection in the clinic. Aquatic therapy was endorsed while the applicant was seemingly kept off of work. Tizanidine and Tylenol No. 3 were renewed. The note was difficult to follow. Another section of the note stated that the applicant's pain scores were 8/10 without medications versus 9/10 with medications, but that the applicant was worsened overall. On July 5, 2015, the applicant reported ongoing complaints of neck, low back, upper extremity, lower extremity pain, 8 to 9/10 with medications versus 8 to 10/10

without medications. The applicant reported issues with medications-GI upset. The applicant continued to report issues performing activities of daily living as basic as self-care, personal hygiene, ambulating, and sleeping, it was acknowledged. Toradol and vitamin B12 injection was performed. The applicant was placed off of work. Tramadol and Zofran were prescribed. The note was difficult to follow. It was not clearly stated whether tramadol was a first-time request or a renewal request. It was suggested that the applicant had developed gastrointestinal side effects to Dilaudid, Tylenol with Codeine and/or Norco. The bulk of the information on file did suggest that Tylenol represented a first-time request, as an earlier May 11, 2015 progress note stated that the applicant was not using tramadol as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60: Overturned

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 Tramadol Page(s): 94.

Decision rationale: Yes, the request for Ultram (tramadol) was not medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol, a synthetic opioid, is indicated in the treatment of moderate-to-severe pain, as was present here, on or around the date in question, July 6, 2015. The attending provider framed the request as a first-time request for tramadol, noting that the applicant had developed side effects to other opioids including Dilaudid, Tylenol No. 3, Norco, etc. Introduction of tramadol, thus, was indicated, given the applicant's pain complaints in the 8 to 9/10 range and reports of side effects to other opioids. Therefore, the request was medically necessary.

Zofran 4 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 (ODG) Pain Chapter, Online Edition/Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anti-emetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration. Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: Conversely, the request for Zofran (ondansetron), an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the July 6, 2015 progress note made no mention of the applicant's having had any recent surgery, cancer chemotherapy, and/or radiation therapy. It appeared that Zofran was intended for use to combat opioid-induced nausea. However, ODG's Chronic Chapter anti-emetics topic notes that anti-emetics are not recommended to combat issues with nausea and/or vomiting secondary to chronic opioids usage. Usage of Zofran, thus, in effect, ran counter to the both the FDA label and ODG position on the same in the clinical context present here. Therefore, the request was not medically necessary.