

Case Number:	CM15-0162201		
Date Assigned:	08/28/2015	Date of Injury:	01/15/2014
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 60 year old female, who sustained an industrial injury on 1-15-2014. She reported cumulative trauma to the neck, low back and right shoulder. The injured worker was diagnosed as having rotator cuff sprains and strains, cervical sprain and strain, lumbosacral radiculopathy, and shoulder tendonitis and bursitis. Treatment to date has included magnetic resonance imaging of the right shoulder (1-9-2015), medications, and physical therapy. The request is for Zofran and Ultram. On 5-18-2015, she reported neck, low back and right shoulder pain. She is status post right shoulder surgery ten days prior. She is noted to not have tolerated Tylenol with Codeine. On 6-15-2015, she reported right shoulder, neck and low back pain. She indicated her neck pain to radiate into the upper extremities, and her low back pain to radiate into the lower extremities. She reported not being able to tolerate Tramadol 150mg tablets and requested prescription for Tramadol 50mg. She also requested medication for nausea. On 7-27-2015, she reported continued neck, low back and right shoulder pain. She indicated she is having difficulty performing her daily activities including personal hygiene. She indicated that physical therapy was decreasing her pain. She requested refills on her medications and denied any side effects. She indicated she had adequate relief with her current medications. The provider noted there were no signs of sedation or drug seeking behaviors. The treatment plan included: refilling medications, and additional physical therapy. The medications were not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 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, Pain Chapter, Anti-emetics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 1, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antiemetics and Other Medical Treatment Guidelines Medscape Internal Medicine 2014.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. The records do not indicate that she is being treated for cancer or gastroenteritis. Her right shoulder surgery was on or about May 8, 2015, and she requested medication for nausea more than one month later. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Ultram 50mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram); MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 74-95, 113, 1, 8-9.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. In this case, there is no discussion of her: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The provider noted there were no aberrant behaviors or side effects. She reported having difficulty performing her activities of daily living. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence

of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.