

<b>Case Number:</b>	CM15-0031715		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Pain Management

### 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 47-year-old male, with a reported date of injury of 09/04/2012. The diagnoses include low back pain. Treatments have included an MRI of the lumbar spine on 09/22/2014, an electrodiagnostic exam on 06/25/2014, and pain medications. The progress report dated 01/29/2015 indicates that the injured worker had constant pain in the low back, with radiation of pain into the lower extremities. It was noted that the injured worker's pain was unchanged. He rated his pain 8 out of 10. An examination of the lumbar spine showed tenderness and spasm of the paravertebral muscle, positive seated nerve root test, guarded and restricted standing flexion and extension, no clinical evidence of instability, and tingling and numbness in the anterolateral thigh, anterior knee, in an L4 dermatomal pattern. The treating physician requested Ondansetron 8mg (orally disintegrating tablet) #30, Cyclobenzaprine Hydrochloride 75mg #120, and Tramadol Extended-Release 150mg #90. The treating physician indicates that the injured worker was benefiting from the medications, continued to take his medications as directed, the medications were helped with curing and relieving the symptoms, and the medications were improved his activities of daily living. On 02/19/2015, Utilization Review (UR) denied the request for Ondansetron 8mg (orally disintegrating tablet) #30, Cyclobenzaprine Hydrochloride 75mg #120, and Tramadol Extended-Release 150mg #90, noting that there was no clear documentation of nausea; no documentation of a recent flare-up or acute exacerbation; and no documentation of a narcotic contract, urine drug screening, or true change in activities of daily living. The MTUS Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ondaseltron 8mg (orally disintegrating tablet) Qty 30: Upheld**

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

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

**Decision rationale:** Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses and efficacy from prior use of the medication has not been identified. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

### **Cyclobenzaprine Hydrochloride 7.5 mg tablets Qty120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

### **Tramadol (extended release) 150 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.