MAXIMUS Federal Services

Case Number:	CM15-0041412		
Date Assigned:	03/11/2015	Date of Injury:	10/27/2007
Decision Date:	07/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
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 injured worker is a 64 year old male, who sustained an industrial injury on 10/27/2007. Diagnoses have included cervical discopathy with radiculitis, status post right and left shoulder arthroscopic subacromial decompression, status post L3-L5 posterior lumbar interbody fusion (PLIF), status post removal of symptomatic lumbar spinal hardware and status post bilateral knee arthroscopic surgery. Treatment to date has included surgery and medication. According to the progress report dated 12/18/2014, the injured worker complained of constant pain in the cervical spine characterized as sharp. There was radiation of pain into the upper extremities. There were associated headaches that were migrainous in nature. The pain was rated 7/10. He complained of constant pain in the right upper extremity with associated numbness and tingling rated 8/10. He complained of intermittent pain in the low back characterized as dull rated 4/10. He complained of intermittent pain in the bilateral shoulders rated 4/10. He also complained of intermittent pain in the bilateral knees rated 4/10. Exam of the cervical spine revealed tenderness and limited range of motion. There was tenderness around the subacromial space. Exam of the lumbar spine revealed guarded and restricted range of motion. Authorization was requested for Ondansetron, Cyclobenzaprine HCL and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg ODT #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and pg 14.

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary. In this case, the claimant was prescribed Odansetron due to nausea related to medications rather than post-op or cancer related use. The claimant had been on Zofran for over a year. Continued is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a year in combination with Tramadol. Chronic use is not indicated by the guidelines and is not medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for over a year. The claimant was provided NSAIDS 3 years ago, but there was no mention of recent Tylenol, weaning attempt or Tricyclic failure. In December 2014, the pain was noted to be worsening. The continued use of Tramadol was not medically necessary.