

Case Number:	CM14-0113083		
Date Assigned:	08/01/2014	Date of Injury:	09/24/2013
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male with a 9/24/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/17/14, the patient complained of neck and low back pain rated at 7/10 on the pain scale. He complained of shooting pain that traveled down into his feet and legs, associated with numbness and tingling. He stated that he uses his back brace and ice pack as needed. Objective findings: limited ROM lumbar spine, tenderness right sciatic notch. Diagnostic impression: disc protrusion C7-T1 and C3-4, disc bulge C6-7 and C5-6, disc bulge L1-2, L2-3, L3-4, L4-5, L5-S1, musculoligamentous sprain of cervical spine with upper extremity radiculitis, musculoligamentous sprain lumbar spine with lower radiculitis. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/8/14 denied the request for Tramadol/APAP/Ondansetron. A specific rationale for the denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP/Ondansetron 100/250/2mg #90: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 78-81. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS and ODG do not address Ondansetron. The FDA states that "Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery." In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, there is no documentation that the patient has any symptoms of nausea and vomiting in the reports reviewed. Ondansetron is not indicated for the prevention or treatment of opioid-induced nausea. Therefore, the request for Tramadol/APAP/Ondansetron 100/250/2mg #90 was not medically necessary.