

Case Number:	CM14-0117357		
Date Assigned:	08/06/2014	Date of Injury:	01/23/2008
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine & Rehabilitation 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 46-year-old male patient with a 1/23/08 date of injury. The exact mechanism of injury was not described. A progress was hand written and partially eligible report dated on 5/14/14 indicated that the patient had cervical and lumbar spine pain. Objective findings demonstrated tenderness in the cervical and lumbar spine, with positive spasm. Positive straight leg test was noted. There was decreased range of motion through location was not specified. He was diagnosed with Brachial neuritis, and lumbosacral neuritis. Treatment to date: medication management. There is documentation of a previous 6/30/14 adverse determination. Ondansetron was not certified based on the fact that there was no documentation supporting recent surgery or cancer therapy. Orphenadrine citrate was not certified, because there was no evidence that the patient had flare-up of symptoms or muscle spasm. Tramadol ER was not certified, based on the fact that there was no information provided in regards to significant pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, # 30, one as needed for upset stomach/cramping/nausea. No more than 2 a day.: 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-Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

Decision rationale: CA MTUS does not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, there was no documentation that the patient had evidence of nausea or vomiting. In addition, there was no documentation supporting recent surgery or chemotherapy. Therefore, the request for Ondansetron 8mg, # 30, one as needed for upset stomach/cramping/nausea. No more than 2 a day was not medically necessary.

Orphenadrine Citrate # 120, one every 8 hours as needed for pain and spasm.: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no description of an acute exacerbation of the patient's chronic pain that would benefit from the short-term use of a muscle relaxant. Therefore, the request for Orphenadrine Citrate # 120, one every 8 hours as needed for pain and spasm was not medically necessary.

Tramadol ER 150mg, # 90, one a day as needed for severe pain: 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): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. However, there was no evidence of significant pain relief or functional gains following of opioids. There was no documentation of lack of aberrant behavior or adverse side effects. Therefore, the request for Tramadol ER 150mg, # 90, one a day as needed for severe pain was not medically necessary.