

Case Number:	CM14-0120284		
Date Assigned:	08/27/2014	Date of Injury:	05/27/2011
Decision Date:	09/26/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation and Pain 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:

The injured worker is a 38-year-old male who reported an injury on 05/27/2011. The mechanism of injury was not provided within the documentation. The clinical note dated 04/25/2014 indicated the injured worker continued to experience pain in both legs, back, shoulder, arms, neck, that interfered with sleep and limited physical activities. The injured worker continued to have stomach pain and ulcer condition that was recently exacerbated. The injured worker reported he was frustrated by physical limitations and his mood fluctuated according to his physical condition. The injured worker reported he worried about financial circumstances. On physical examination, the physician reported the injured worker was apprehensive, talkative, sad, anxious, nervous, but able to discuss concerns which lessened anxiety. The physician reported the injured worker looked tired with little energy and lethargic. The injured worker was preoccupied with physical condition and pain. The injured worker's treatment goals included decreased frequency and intensity of depressive symptoms, increase levels of motivation, and hopefulness, improve duration and quality of sleep, decrease frequency and intensity of anxious symptoms. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen was not provided for review. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/acetaminophen/ondansetron 100/250/2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ondansetron (Zofran).

Decision rationale: The request for Tramadol/acetaminophen/ondansetron 100/250/2mg is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had utilized this medication. Moreover, the provider did not indicate a rationale for the request. Additionally, the documentation submitted did not indicate the injured worker had findings that would suggest he was at risk for nausea. Further, the request does not indicate a frequency. Therefore, the request for Tramadol/acetaminophen/ondansetron 100/250/2mg is not medically necessary.