MAXIMUS Federal Services

Case Number:	CM14-0135488		
Date Assigned:	08/29/2014	Date of Injury:	03/05/2011
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in Interventional Spine. 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 patient is a 58-year-old male with date of injury of 03/05/2011. The listed diagnoses per [redacted] dated 07/03/2013 are: 1. Internal derangement of the knee, NOS. 2. Lumbago. According to this report, the patient complains of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp with radiation into the lower extremities. He rates his pain at 6/10. The objective findings show the patient is well-nourished, well-developed in no acute distress. The patient's gait is intact. There is palpable paravertebral muscle tenderness with spasms in the lumbar spine. Seated nerve root test is positive. Standing flexion and extension range of motion are guarded and restricted. Circulation in the lower extremities is full. Sensation and strength is normal. The utilization review denied the request on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with low back pain. The treater is requesting cyclobenzaprine hydrochloride 7.5 mg #120. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has not tried cyclobenzaprine in the past. However, while a trial of cyclobenzaprine is reasonable, the quantity requested exceeds MTUS recommended 2- to 3-week treatment. Therefore, the request is not medically necessary.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88, 89.

Decision rationale: This patient presents with low back pain. The treater is requesting tramadol 150 mg #90. The MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 06/11/2014. The patient reports that his pain level is 7/10 without medications and 4/10 with medications. Medication efficacy was noted, "beneficial with intended effect at prescribed dose." The treater has discussed the potential risks and benefits of utilizing tramadol. However, the treater does not discuss quality of life changes and no mention regarding "pain assessment," as required by MTUS. Furthermore, the treater does not address aberrant drug-seeking behaviors such as a urine drug screen. Therefore, the request is not medically necessary.

Ondansetron 8mg 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: Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG On Ondansetron (Zofran®): This drug 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. Acute use is FDA-approved for gastroenteritis. See also

Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain.ODG guidelines have the following regarding Zofran (Ondansetron):Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea).On Antiemetics for opioid nausea:Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005)Promethazine (Phenergan®): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dsykensia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus).

Decision rationale: This patient presents with low back pain. The treater is requesting ondansetron 8 mg #30. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines on ondansetron (Zofran) do not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery, and for acute use of gastroenteritis. Records show that the patient was prescribed ondansetron on 06/11/2014 for nausea associated with headaches that are present with chronic cervical spine pain. In this case, ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. Therefore, the request is not medically necessary.