MAXIMUS Federal Services

Case Number:	CM14-0161065		
Date Assigned:	10/06/2014	Date of Injury:	06/19/2009
Decision Date:	11/06/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 06/19/2009. The mechanism of injury was not disclosed. On 03/06/2014, the injured worker presented with pain in the cervical spine. Upon examination of the cervical spine, there was tenderness to palpation over the paravertebral muscles with spasm and a positive axillary compression test. There was a positive Spurling's and limited range of motion. There was intact sensation with tingling and numbness to the anterolateral shoulder and arm, which correlates with a C5 dermatomal pattern. The diagnosis was cervicalgia. A current medication list was not provided. The provider recommended ondansetron, cyclobenzaprine and tramadol. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT #30 tiimes 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (update 08/04/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The request for ondansetron 8 mg ODT with a quantity of 30 times 2 is not medically necessary. The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects included nausea and vomiting are limited to a short duration and limited application to long term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine HCL 7.5 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for cyclobenzaprine 7.5 mg with a quantity of 120 exceeds the guideline recommendations for short term therapy. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Tramadol ER 160mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Opioids fo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for tramadol ER 160 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use and side effects. There is lack of documentation of

evaluation of risk for aberrant drug abuse behavior. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.