

Case Number:	CM14-0162950		
Date Assigned:	10/08/2014	Date of Injury:	10/09/1990
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family 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 48 year old male patient who sustained an injury on 10/09/1990. The current diagnoses include cervical spine musculoligamentous sprain with upper extremity radiculitis, right wrist carpal tunnel syndrome, right wrist medial nerve fibrosis/adhesions/edema, right wrist de Quervaln's tendinitis, right knee chondromalacia patella, right knee medial meniscus anterior horn tear, lateral tibial condyle and Intercondylar notch, status post right knee arthroscopy with partial lateral meniscectomy, status post right knee arthroscopy with partial medial meniscectomy, status post right carpal tunnel release, and multiple cervical spine disc bulges with osteophyte complexes. He sustained the injury while performing his usual and customary job duties as a police officer. Per the doctor's note dated 4/22/14, patient had complaints of neck pain and stiffness, right wrist stiffness, right knee pain, grinding, popping and occasionally giving away. Patient had pain at 5/10 with tramadol and at 6/10 without tramadol. The physical examination revealed positive axial compression to the base of the neck. The medication list includes tramadol and celebrex. He has had EMG/NCS for the upper extremities dated 4/27/11 which revealed moderate compression of the median nerve at the carpal tunnel; EMG/NCS of the lower extremities dated 4/27/11 with normal findings; lumbar MRI on 8/21/2007; right knee MRI on 10/31/2008 which revealed a small joint effusion, mild meniscal degeneration, possible ACL strain, chondromalacia patella and mild articular cartilage thinning; ultrasound of bilateral wrists on 2/15/2010; MRI of the cervical spine on 5/19/2010. He has undergone right knee arthroscopy with partial lateral meniscectomy on 2/1/2001, right knee arthroscopy with partial medial meniscectomy on 8/1/2011, right carpal tunnel release on 11/29/11; right shoulder arthroscopy on 10/28/2003 and left shoulder arthroscopy on 4/25/1998. He has had supartz injection to the right knee; H-wave unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

#90 Tramadol/APAP/ Ondansetron 50/250/2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/06/14), Compound drugs, Ondansetron (Zofran®)

Decision rationale: Per the cited guidelines compound drugs are "Not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered..... Pharmacy compounding has traditionally involved combining drug ingredients to meet the needs of specific patients for medications that are not otherwise commercially available, and it is undertaken on a patient-by-patient basis for patients who, for example, might be allergic to inactive ingredients in FDA-approved drugs or may need a different dosage strength or route of administration." The patient was prescribed Tramadol/APAP/ Ondansetron 50/250/2mg. This compound drug contains tramadol, acetaminophen and Ondansetron. The rationale for this compounded drug is not specified in the records provided. The response to the use of each individual drug is not specified in the records provided. In addition per the cited guidelines ondansetron is "Not recommended for nausea and vomiting secondary to chronic opioid use." Rationale for prescribing ondansetron is not specified in the records provided. Evidence of nausea or vomiting is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ondansetron is not recommended by the cited guidelines for this diagnosis. The medical necessity of the compounded drug Tramadol/APAP/ Ondansetron 50/250/2mg, #90 is not fully established in this patient.