

<b>Case Number:</b>	CM14-0180774		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Geriatrics and is licensed to practice in New York. 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 49 year old man with a date of injury of 3/27/13. He was seen by his primary treating physician on 9/10/14 with complaints of low back pain with radiation to his lower extremities which was said to be sharp and unchanged. His physical exam showed an intact gait. He had palpable paravertebral muscle tenderness with spasm on lumbar spine exam and his seated nerve root test was positive. Standing flexion and extension were guarded and restricted. He had tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot in L5-S1 dermatomal patterns. He had full strength. His diagnosis was lumbago. At issue in this review are the medications Ondansetron and tramadol and 12 acupuncture visits. Length of prior prescription is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #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; Antiemetic

**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: Up To Date: Ondansetron: Drug Information

**Decision rationale:** This worker has chronic leg and back pain. Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, the rationale for the prescription is not documented and there are no symptoms of nausea described in the note. The records do not document the medical necessity for Ondansetron.

**Tramadol 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit does not document any improvement in pain, functional status or side effects to a discussion of side effects to justify use. The Tramadol is not medically necessary.

**Acupuncture to the Lumbar Spine x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 4, 8-9.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 12 acupuncture treatments for the lumbar spine. Therefore, this request is not medically necessary.