

Case Number:	CM14-0070365		
Date Assigned:	07/14/2014	Date of Injury:	03/21/2013
Decision Date:	12/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; an H-wave device; and work restrictions. In a Utilization Review Report dated May 1, 2014, the claims administrator approved a request for Naprosyn, denied a request for ondansetron, approved a request for Prilosec, denied tramadol, and denied topical Medrox. It appears that the request represented retrospective request for drugs dispensed on May 29, 2013. Despite the fact that this did not appear to be a chronic pain case as of the date of service May 29, 2013, the claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS Official Disability Guidelines (ODG) Chronic Pain Guidelines are in favor of the MTUS-adopted ACOEM Guidelines. The claims administrator stated that its decision was based on a progress note dated May 29, 2013. The progress note of May 29, 2013 was reviewed. The applicant did report ongoing complaints of low back pain. The applicant had reported dyspepsia following introduction of Naprosyn. The applicant stated that Naprosyn was allowing her to perform activities of daily living. The applicant was given a diagnosis of lumbar discopathy. Naprosyn, Prilosec, Ondansetron, Cyclobenzaprine, Tramadol, and Medrox were endorsed. The applicant was asked to continue working light duty. It was suggested (but not clearly stated) the request was tramadol did represent a first-time request for the same. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2013, the applicant reported ongoing complaints of low back pain exacerbated by lifting, pushing, pulling, sitting, standing, and walking multiple blocks. Work restrictions were endorsed. It was suggested (but not clearly stated) that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does state that an attending provider should "discuss the efficacy of medications for the particular condition" for which it is being employed. Here, however, it was not clearly stated for what purpose Ondansetron (Zofran) was being employed. While the Food and Drug Administration (FDA) notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, in this case, however, there is no mention of the applicants having had cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question, May 29, 2013. No rationale for introduction of Ondansetron on or around the date in question was furnished by the attending provider. Therefore, the request was not medically necessary

Tramadol ER 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, a short course of opioids is deemed "optional" as part of initial approaches to treatment. Here, the request for tramadol did represent a first-time request for the same. The attending provider did suggest that tramadol monotherapy was not altogether effective in ameliorating the applicant's low back pain complaints. Introduction of tramadol was therefore indicated on or around the date of question. Therefore, the request was medically necessary

Medrox pain ointment 120gm x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the Medrox pain ointment at issue are deemed "not recommended." In this case, the applicant's concomitant provision with multiple first line oral pharmaceuticals, including Naprosyn, Tramadol, etc., effectively obviated the need for the Medrox pain ointment at issue. Therefore, the request was not medically necessary, since this was not a chronic pain case as of the date of service, May 29, 2013; ACOEM is preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.