

Case Number:	CM14-0197275		
Date Assigned:	12/05/2014	Date of Injury:	05/02/2010
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 underlying date of injury in this case is 05/02/2010. The date of the utilization review under appeal is 11/05/2014. On 10/07/2014, the patient's treating orthopedic surgeon saw the patient in followup regarding internal derangement of the knee. The patient reported constant pain in the bilateral knees, right greater than left, which is worse with squatting, kneeling, ascending or descending stairs, walking multiple blocks, or prolonged standing. The patient admitted to swelling and buckling. The patient had tenderness in the joint line and had crepitus with painful range of motion of the knee and a positive patellar grind. The treatment plan included Synvisc at the right knee. Medications were ordered under separate cover. A separate letter of 10/24/2014 recommends cyclobenzaprine for palpable muscle spasms during the exam, sumatriptan for migraine headache associated with chronic cervical spine pain, ondansetron for nausea associated with headaches from chronic cervical spine pain, omeprazole due to "GI symptoms," and tramadol for acute severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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: FDA-approved labeling information/ondansetron

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss this medication. FDA-approved labeling information recommends that medication for nausea related to cancer chemotherapy treatment or immediate postoperative nausea. Neither of these situations applies at this time. Overall, the records and guidelines do not support an indication for this request. The request is not medically necessary.

Cyclobenzaprine HCL 7.5 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, state regarding cyclobenzaprine that it is recommended for a short course of therapy and that the evidence does not allow for a recommendation for chronic use. The records do not provide alternate rationale for chronic use of this medication. This request is not medically necessary.

Tramadol HCL ER 150 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These four A's of opioid use have not been documented in this case. There is very limited documentation or indication for the use of this medication or opioids in general in terms of functional goals or benefit. This request is not medically necessary.

Sumatriptan succinate 25 mg, nine count with one refill (eighteen total): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

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

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Head, discussed triptans and state that all triptans are effective and safe at their marketed dosages for migraine headaches. However, the medical records are very limited in this case in terms of clarifying how the patient may have been diagnosed with migraine headache or the effectiveness of this medication on an ongoing basis for this particular patient. In this situation, the records and guidelines do not support an indication for the requested treatment. This request is not medically necessary.