

Case Number:	CM14-0211521		
Date Assigned:	12/24/2014	Date of Injury:	02/07/2013
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 57-year-old male who reported an injury on 02/07/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnoses of cervicalgia and joint derangement, not otherwise specified of the shoulder status post-surgery. No diagnostics were submitted for review. On 11/13/2014, the injured worker complained of constant cervical spine pain that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and work at or above the shoulder level. The pain was characterized as sharp. The injured worker rated the pain at a 7/10. Physical examination of the cervical spine revealed that there was palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. Range of motion was limited to pain. There were also notations of tingling and numbness in the lateral forearm and hand, greatest over the thumb and middle finger. Medical treatment plan is for the injured worker to continue with medications. Rationale and Request for Authorization form were not submitted 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: Upheld

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

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

Decision rationale: The request for Ondansetron 8mg ODT #30 is not medically necessary. The Official Disability Guidelines state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting, are limited to short term duration (less than 4 weeks) and have limited application to long term use. Given the above, the injured worker is not within ODG recommended criteria. The submitted report also did not indicate that the injured worker was suffering from nausea. Furthermore, it was indicated in the submitted documentation that the injured worker had been taking the medication since at least 11/13/2014. Additionally, the request as submitted did not indicate a frequency of the medication. The medical necessity of Ondansetron is unclear. As such, the request is not medically necessary.

Cyclobenzaprine hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants for pain. Page(s): 63.

Decision rationale: The request for cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that a shorter course 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. The provided medical records lacked documentation of significant objective functional improvement with medication. The provider's rationale for the request was not provided in the documentation. As such, the request is not medically necessary.

Tramadol ER 152mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.Ongoing management. Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for tramadol ER 152mg #90 is not medically necessary. The California MTUS Guidelines state central analgesic drugs, such as tramadol, are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker was having. Additionally, there was no indication of any adverse side effects. Furthermore, there were no UAs or drug screens submitted for review indicating compliance with medications. There was also no specification in the request indicating frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.