

Case Number:	CM15-0014693		
Date Assigned:	02/02/2015	Date of Injury:	08/22/2005
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old female who reported an injury on 08/22/2005. The mechanism of injury was not stated. The current diagnosis is chronic pain. The injured worker presented on 01/14/2015 with complaints of persistent pain. There was no physical examination provided on that date. Recommendations at that time included continuation of tizanidine 4 mg, Opana ER 10 mg, Klonopin 1 mg, dronabinol 2.5 mg, Levorphanol 2 mg, and ondansetron 4 mg. The injured worker was also pending authorization for a psychiatrist consultation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hydrochloride 4mg, 1 tab every 6 hours as needed, #120, 2 refills, prescribed 01/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to be diminish over time and prolonged use may lead to dependence. There was no physical examination provided on the requesting date of 01/14/2015. Therefore, there was no evidence of palpable muscle spasm or spasticity upon examination. The California MTUS Guidelines do not recommend long term use of muscle relaxants. The current request for tizanidine 4 mg with 2 refills would not be supported. Given the above, the request is not medically appropriate at this time.

Opana ER 10mg, 2-3 tabs every 12 hours, #150, prescribed 01/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no physical examination provided on the requesting date. Given the above, the request is not medically appropriate.

Dronabinol 2.5mg, 1 tab every 6 hours as needed, #120, 1 refill, prescribed 01/14/15: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Dronabinol. Dronabinol is used to treat nausea and vomiting caused by chemotherapy in people who have already taken other medications to treat this type of nausea and vomiting without good results. Dronabinol is also used to treat loss of appetite and weight loss in people who have acquired immunodeficiency syndrome (AIDS). Dronabinol is in a class of medications called cannabinoids. It works by affecting the area of the brain that controls nausea, vomiting, and appetite.

Decision rationale: California MTUS Guidelines do not recommend cannabinoids. The injured worker has utilized the above medication for an unknown duration. According to the US National Library of Medicine, dronabinol is used to treat nausea and vomiting caused by chemotherapy in injured workers who have already taken other medication to treat nausea and vomiting without good results. It is also used to treat loss of appetite and weight loss. There is

no documentation of chronic nausea and vomiting. There is also no documentation of a failure to respond to first line treatment. Given the above, the request is not medically appropriate.

Levorphanol Tartrate 2mg, 1-2 tabs every 6-8 hours as needed for severe pain, #195, prescribed 01/14/15: Upheld

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

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: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Levorphanol. Levorphanol is used to relieve moderate to severe pain. This medication is sometimes prescribed for other uses; ask your doctor or pharmacist for more information.

Decision rationale: According to the US National Library of Medicine, Levorphanol is used to relieve moderate to severe pain. In this case, it is noted that the injured worker is currently utilizing opioid medication. There is no evidence of a failure to respond to first line treatment. Additionally, it is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. There is also no physical examination provided on the requesting date. The medical necessity for the requested medication has not been established in this case. Given the above, the request is not medically appropriate.

Ondansetron Hydrochloride 4mg, 1 disintegrating tab every 6 hours as needed for nausea, #120, 1 refill, prescribed 01/14/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine: Ondansetron

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

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for chronic nausea and vomiting secondary to chemotherapy and radiation treatment. Given the above, the injured worker does not meet criteria for the requested medication. As such, the request is not medically appropriate.