

Case Number:	CM15-0019798		
Date Assigned:	02/11/2015	Date of Injury:	04/30/2014
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/02/2015

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

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

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 25 year old female, who sustained an industrial injury on April 30, 2014. She has reported cervical spine, low back, left shoulder and left wrist/hand pain. The diagnoses have included lumbar discopathy, carpal tunnel syndrome with double crush, left shoulder impingement syndrome, lumbago, shoulder pain and cervicgia. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, work duty modifications and physical therapy. Currently, the IW complains of cervical spine, low back, left shoulder and left wrist/hand pain. The injured worker reported an industrial injury in 2014, resulting in continued pain as previously noted. She reported working as a certified nursing assistant (CNA) and injuring the left arm and shoulder when assisting a 300 pound individual from a gurney to a bed. She reported the pain and was off work for three days. Evaluation on November 19, 2014, revealed continued pain. It was noted after treatment with conservative therapies and pain medications, the pain continued. She was given a steroid injection. Pain medications were renewed and medications to treat and protect the stomach when using non-steroidal anti-inflammatory medications. It was noted she was able to continue to work with modified duties and pain medications. On January 12, 2015, Utilization Review non-certified a request for Tramadol ER 150 mg # 90, Ondasetron 8mg #30, Cyclobenzaprine Hydrochloride 7.5 mg # 120 and Sumatriptan Succinate 25 mg # 9, 2 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen), is not medically necessary.

Ondasetron 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 (ODG) Pain Chapter, Ondansetron (Zofran) (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Antiemetics

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. The patient was given ondansetron for nausea associated with headaches and chronic cervical spinal pain. As such, the currently requested ondansetron (Zofran) is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the patient has documented muscle spasm on a progress note on 10/28/2014. However, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Sumatriptan Succinate 25 mg # 9, 2 refills: 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, Triptans

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

Decision rationale: Regarding this medication request, the California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. The ordering provider describes the patient's headache as migrainous in nature, however, there is no clear diagnosis of migraine in the medical records. In the absence of clarity regarding those issues, the currently requested triptan is not medically necessary.