

Case Number:	CM15-0117499		
Date Assigned:	06/25/2015	Date of Injury:	10/27/2008
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 10/27/2008. The medical records documented some boxes fell and struck him. Diagnoses include sciatica, postlaminectomy syndrome; status post lumbar fusion, neck pain, tension headaches, and recurrent depression. Treatments to date include medication therapy, completion of a functional restoration program, lumbar epidural steroid injections, and spinal cord stimulator implant and subsequent removal. Currently, he complained of increased pain at the site of the spinal cord stimulator generator site. Pain on average was rated 6/10 VAS, and on this date was reported as 10/10 VAS. On 4/9/15, the physical examination documented tenderness of the right side lumbar region near the generator site. The plan of care included prescriptions for a Medrol 4mg dosepak; Ondansetron 4mg #10; and Venlafaxine HCL 37.5mg three tablets twice daily #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4mg Dosepak sig: take as directed qty: 1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, medrol dosepack.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a steroid typically used in the treatment of acute inflammation as prescribed in a dosing pack or for allergic reactions. The review of the clinical documentation shows it being prescribed for low back pain, which is inflammatory in nature. Therefore, the request is medically necessary.

Ondansetron-Zofran 4mg #10 sig: take one tablet as needed qty: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons, the request is not medically necessary.