

Case Number:	CM15-0067205		
Date Assigned:	04/14/2015	Date of Injury:	08/31/1998
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

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 42 year old male, who sustained an industrial injury on 8/31/98. The injured worker has complaints of low back pain. The diagnoses have included lumbar discopathy. Treatment to date has included nalfon for inflammation and pain; omeprazole for gastrointestinal symptoms; ondansetron for nausea associated with the headaches that are present with chronic cervical spine pain and tramadol hydrochloride extended release for acute severe pain. The request was for ondansetron and tramadol extended release.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ondansetron 8mg: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, p6 Page(s): 6. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1998 and continues to be treated for intermittent flare-ups of low back pain and has chronic neck pain with headaches. Extended release tramadol is being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. The treating provider documents that this is being prescribed for acute severe pain. It is being taken on an as needed basis. Ondestron is being prescribed for headaches. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, ondansetron is being prescribed for headaches. . In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. The ongoing use of this medication was not medically necessary.

90 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86. Decision based on Non-MTUS Citation Tramadol ER prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1998 and continues to be treated for intermittent flare-ups of low back pain and has chronic neck pain with headaches. Extended release tramadol is being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. The treating provider documents that this is being prescribed for acute severe pain. It is being taken on an as needed basis. Ondestron is being prescribed for headaches. Tramadol ER is a sustained release formulation and would be used to treat baseline rather an acute pain. It is not taken on an as needed basis. Therefore this request was not medically necessary.