

Case Number:	CM15-0099294		
Date Assigned:	07/23/2015	Date of Injury:	02/18/2003
Decision Date:	08/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 56 year old female who sustained an industrial injury on 02/18/2003. Mechanism of injury was not found in documents presented for review. Diagnoses include cervical sprain with facet inflammation and radiculitis-Electromyography studies have not shown any findings in the past, status post left shoulder surgery, epicondylitis laterally on the left, carpal tunnel syndrome on the left status post decompression with persistent symptomatology, discogenic lumbar condition with radicular component down the left lower extremity, chronic pain syndrome with associated weight gain of 200 pounds, surge of right wrist pain at this time due to use of a cane. Comorbidities include hypertension and morbid obesity. Treatment to date has included diagnostic studies, medications, cortisone injections, epidural steroid injections, left shoulder arthroscopy 04/25/2014, physical therapy, soft and rigid braces, use of a Transcutaneous Electrical Nerve Stimulation unit, back brace, neck traction with air bladder. She is not working. A physician progress note dated 04/07/2015 documents the injured worker has coverage for the neck, low back and left shoulder. The injured worker has fallen multiple times in January 2015 from generalized pain. She has gained 200 pounds and has not worked since 2003. She ambulates with a cane. She has continued left lower extremity pain and numbness and tingling along the foot and toe. She also has shooting pain around the left upper extremity reaching the fingers. Chores are minimized. She has limitation of sitting, standing, walking, pushing, pulling, lifting and overhead activities. Examination shows abduction is 160 degrees with weakness to resisted function. There is tenderness along the rotator cuff is noted. She has tenderness along the facet of the cervical spine. There is tenderness along the lumbar

spine and it is noted with facet loading being positive. Flexion is 35 degree and extension is 20 degrees. The treatment plan includes Gabapentin and laboratory studies. Treatment requested is for Cyclobenzaprine 7.5mg #60, Ondansetron 8mg #8, and Tramadol ER 150mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #8: 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 (Chronic), 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) Chronic Pain Chapter, Anti-emetics.

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of anti-emetic medication. ODG states that anti-emetics 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. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, 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, 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 the patient has been on flexeril at least since 2012. Given this, the current request is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, and Weaning of Medications.

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

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol 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), no documentation regarding side effects, and no discussion regarding aberrant use. 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 Tramadol, is not medically necessary.