

Case Number:	CM14-0145814		
Date Assigned:	09/12/2014	Date of Injury:	07/21/2009
Decision Date:	10/22/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old female who reported an injury on 07/21/2009. The mechanism of injury was not provided. On 03/28/2014, the injured worker presented with low back and right wrist pain. Her medications included Lyrica, ultracet, Amitiza, Zofran, and levorphanol. The physical examination was within normal limits. The diagnoses were musculoligamentous sprain/strain of the lumbar spine, sprain/strain of the lumbar region, sprain/strain over the sacroiliac ligament, sacroiliac dysfunction and insomnia. The provider recommended Ultram and Zofran, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG T.I.D #90 FOR NAUSEA AND PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for ULTRAM 50MG T.I.D #90 FOR NAUSEA AND PAIN is not medically necessary. The California MTUS Guidelines recommended the use of opioids for

ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors and side effects. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

ZOFRAN 8MG Q 8HRS PRN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 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) Pain, Antiemetics

Decision rationale: The request for ZOFRAN 8MG Q 8HRS PRN #9 is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid induced adverse effects including nausea and vomiting are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, there etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.