

Case Number:	CM13-0032976		
Date Assigned:	12/06/2013	Date of Injury:	06/06/2010
Decision Date:	01/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 55 year-old female who reported a cumulative trauma injury from 06/06/2009 through 06/06/2010. The patient has a history of complaints of pain in the neck with radiating pain to both hands, numbness and weakness in both hands, as well as bilateral elbow and bilateral shoulder pain. As of 05/01/2013, the patient has undergone left and right carpal tunnel release, bilateral ulnar decompression, and left trigger finger surgery. The most recent clinical documentation is dated 09/12/2013 which notes that the patient was presenting with complaints of pain located in the neck, and left shoulder described as dull, achy and stabbing. The physical examination noted the patient has cervical spine asymmetry of the neck and shoulders with tilting of the head and neck to the left. On axial compression of the cervical spine there is trapezius tenderness. The patient's cervical spine range of motion is also restricted in forward flexion and backward extension, in the right and left lateral tilt, and the right rotation as well as the left. It also notes that the patient has upper extremity sensation to light touch diminished over the C6 dermatome. The physician is now requesting cyclobenzaprine hydrochloride tablets 7.5 mg, Medrox patch #30, and Ondansetron ODT tablets 4 or 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Page(s): 41.

Decision rationale: California MTUS Guidelines state that Flexeril is recommended as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain, and the effect is modest and comes at the price of greater adverse effects. Furthermore, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Lastly, California MTUS states that treatment should be brief. The documentation provided for review states that the patient has been utilizing cyclobenzaprine since at least 03/2013. The clinical documentations from that date forward have not provided objective measurements pertaining to the effectiveness from using this medication in regards to the patient's pain relief. Furthermore, the patient has been utilizing Cyclobenzaprine for nearly a year which is beyond the recommended length of time to be taking this medication. As such, the medical necessity of cyclobenzaprine for this patient is unclear and the requested service is non-certified.

Medrox patch #30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Website: Drugs-Medrox

Decision rationale: California MTUS Guidelines, Topical Analgesic, states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioid, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonist, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Referencing the online web site, Drugs.com, Medrox contains the ingredient capsaicin which is included in the non-recommended medications to be included in this compounded topical analgesic. Furthermore, the documentation does not provide a thorough objective overview of the effectiveness of this medication in terms of pain control for the patient. As such, the medical necessity cannot be warranted in this case. The requested service is non-certified.

Ondansetron ODT tablets 4 or 8mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Under Official Disability Guidelines it states that Ondansetron otherwise known Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Due to the previous request for Cyclobenzaprine being non-certified, the request for Ondansetron is no longer medically necessary. As such, the requested service is non-certified.