MAXIMUS Federal Services

Case Number:	CM13-0036630		
Date Assigned:	12/13/2013	Date of Injury:	06/21/2002
Decision Date:	02/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 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 48 year old female who reported an injury on 06/21/2002. The progress report dated 03/14/2013 noted that the patient presented with complaints of pain located in the neck and right shoulder. The pain was described as dull, aching and stabbing; and the pain had been radiating into the right shoulder. The patient also had been experiencing headaches and paresthesia noted in the hand with numbness in the arm and weakness in the arm with the pain in her neck causing difficulty with sleeping at night. The patient had utilized ice, NSAIDs, rest and heat applications, which were noted to have improved the pain. The patient was seen again on 03/13/2013 for persistent pain in the right knee that was aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing and sitting. The patient underwent an intramuscular injection of Toradol mixed with 1 cc of Marcaine to the right knee. The patient has been diagnosed with cervical discopathy with radiculitis, status post right lateral epicondylar release, lumbar discopathy/facet arthropathy, status post left knee arthroscopy with repair of internal derangement, status post right knee arthroscopy with advanced degenerative joint disease and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (ZofranÂ®).

Decision rationale: Regarding the request for ondansetron tablets 4 or 8 mg with a total of 30 times 2, under the Official Disability Guidelines, it states that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. In the case of this patient, the most recent clinical documentation is dated 03/13/2013. Without having a current comprehensive physical examination, it is unclear as to the patient's current pathology. Furthermore, the medical necessity for ondansetron is unknown as there is no current clinical documentation from which to refer to. Therefore, the medical necessity for ondansetron cannot be established. As such, the requested service is non-certified.

Cyclobenzaprine hydrochloride tab 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Regarding the second request for cyclobenzaprine hydrochloride tablets 7.5 mg for a total of 120, under the California MTUS, it states that cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Overall treatment should be brief. In the case of this patient, with the most recent clinical documentation dated 03/13/2013, the patient's current pathology is unknown. Without having a comprehensive physical examination from which to refer to, the medical necessity for cyclobenzaprine cannot be established. Therefore, the requested service cannot be warranted and is non-certified.