MAXIMUS Federal Services

Case Number:	CM13-0036944		
Date Assigned:	12/13/2013	Date of Injury:	08/24/2007
Decision Date:	10/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/24/07. A utilization review determination dated 9/18/13 recommends non-certification of ondansetron, quazepam, and Medrox patch. Cyclobenzaprine was modified from #120 to #20. It referenced an 8/22/13 medical report identifying intermittent low back pain. There was a recommendation for medications. Another report was referenced from 8/28/13 with specific recommendations For Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Medrox Patch, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine Hydrochloride 7.5mg #120 DOS: 8/22/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary (updated 6/7/2013)

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

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

Retrospective request for Ondansetron ODT 4mg #60 DOS:8/22/13: 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) Treatment in Workers' Compensation, Pain Procedure Summary (updated 6/7/2013)

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 Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/ondansetron-odt.html

Decision rationale: Regarding the request for ondansetron, California MTUS does not address the issue. ODG cites that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and gastroenteritis. Within the documentation available for review, none of the conditions noted above have been identified. In the absence of such documentation, the currently requested Ondansetron is not medically necessary.

Retrospective request for Quazepam USP 15mg CIV #30 DOS:8/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

Decision rationale: Regarding the request for Quazepam, Chronic Pain Medical Treatment Guidelines state the Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. This medication is also prescribed for insomnia, but there is no description of any insomnia complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is

no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Quazepam is not medically necessary.

Retrospective request for Medrox patches #30 DOS:8/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Medrox patch, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain despite treatment with first-line therapy. Given all of the above, the requested Medrox patch is not medically necessary and appropriate.