

Case Number:	CM13-0049253		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2000
Decision Date:	02/27/2014	UR Denial Date:	11/03/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 10/10/2000. The mechanism of injury was a fall. The patient immediately noted pain in her upper and lower back as well as her left shoulder and bilateral knees. She initially received physical therapy and chiropractic care. She received an MRI in 07/2001 which was noted to be "positive," and underwent a C5-7 anterior cervical fusion. She later had hardware removal at C5-7, in 02/2013. The patient complains of chronic neck pain as well as headaches, stabbing pain that waxes and wanes in her left shoulder, as well as numbness and tingling in her bilateral upper extremities affecting all digits. Electrodiagnostic studies of the bilateral upper extremities was performed on 01/30/2013, and revealed acute left C7-8 radiculopathy, mild right median mononeuropathy at the wrist, and mild right ulnar mononeuropathy at the elbow. The patient's current listed medications include cyclobenzaprine 7.5 mg, 1 tablet every 8 hours; Zofran 4 mg, as needed for nausea and vomiting; gabapentin 600 mg, 1 at bedtime; diltiazem 24 hours CD 120 mg, 1 daily; and mirtazapine 15 mg, 1 to 2 tablets at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Quetiapine Fumarate/Seroquel 25mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Mental Illness & Stress, Quetiapine and Atypical Antipsychotics).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of antipsychotics; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines state that Seroquel in particular, is not recommended and refers the reader to recommendations on atypical antipsychotics. In regard to atypical antipsychotics, Official Disability Guidelines state that they should be far down on the list of medications that used for insomnia, as there is no good evidence to support this. Guidelines also state that antipsychotics most commonly prescribed for off-label use, including Seroquel, lack both safety and effectiveness. Although the physician argues that the patient does not find relief from previously attempted sleep aids, it is reported in the 08/22/2013 clinical note that the patient reports only some benefit with Seroquel in regard to sleep, but would like to increase the dosage slightly. Subsequently, the clinical note dated 10/01/2013 reported that the patient does not find the Seroquel to be beneficial for sleeplessness and at this time it was discontinued and mirtazapine 15 mg was begun. Unfortunately, in the follow-up note dated 11/21/2013, there is no discussion regarding the efficacy of the newly started medication mirtazapine. However, with recorded documentation on 2 separate occasions reporting the non-efficacy of the Seroquel, there is no indication for continued use. As such, the retrospective request for Quetiapine Fumarate/Seroquel 25 mg, #60 is non-certified.

Retrospective Ondansetron/Zofran 4mg, #10: 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 (ODG, Pain, Antiemetics (for opioid nausea)).

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of antiemetics; therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use, but rather for acute use per FDA approved indications. Zofran in particular, is indicated for treating nausea and vomiting secondary to chemotherapy and radiation treatment. It may also be used for postoperative nausea as well as acute gastroenteritis. The clinical notes submitted for review did not contain any information as to why the patient utilizes this antiemetic. There was no discussion of gastroenteritis, there was no evidence of opioid use, and there was no discussion as to how often the patient actually utilizes this medication. Without any documentation supporting the need for this medication, the medical necessity and guideline compliance cannot be determined. As such, the retrospective request for Ondansetron/Zofran 4 mg, #10 is non-certified.

Cyclobenzaprine/Flexeril 7.5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of non-sedating muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic pain. It is noted that they provide no benefit beyond NSAIDs in regard to overall improvement, their efficacy appears to diminish over time, and they may lead to dependence. Cyclobenzaprine in particular, is an antispasmodic used to decrease muscle spasm in musculoskeletal conditions. The greatest effect of this medication appears to be in the first 4 days of treatment, and it is not recommended for use longer than 3 weeks. The clinical records submitted for review provide evidence that the patient has been utilizing cyclobenzaprine since at least 08/22/2013; this clearly exceeds guideline recommendations of 3 weeks. As such, it is recommended that the patient be weaned if necessary and the request for cyclobenzaprine/Flexeril 7.5 mg, #90 is non-certified.