

Case Number:	CM13-0049332		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2013
Decision Date:	06/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 08/12/13. Based on the 10/17/13 progress report provided by [REDACTED] the patient is diagnosed with lumbago. The patient has intermittent low back pain with right S1 radiculitis and palpable muscle spasms. [REDACTED] is requesting for the following: 1) Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 2) Ondansetron ODT tablets 8 mg #60 The utilization review determination being challenged is dated 10/25/13 and recommends denial of both the Cyclobenzaprine and Ondansetron. [REDACTED] is the requesting provider, and he provided two treatment reports from 10/14/13 and 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: 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) Pain Procedure.

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

Decision rationale: According to the 10/17/13 progress report by [REDACTED], the patient presents with Lumbago. The request is for Cyclobenzaprine Hydrochloride tablets 7.5 mg #120 for palpable muscle spasms. It is unknown when the patient began taking Cyclobenzaprine Hydrochloride. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." Reviewing the records, there is no indication of when the patient began taking this medication, nor is there any documentation that it has done anything for the patient's pain or spasms. Recommendation is for denial. The request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not medically necessary.

ONDANSETRON ODT TABLETS 8MG #60: 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) Pain Procedure.

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

Decision rationale: : According to the 10/17/13 progress report by [REDACTED], the patient presents with Lumbago. The request is for Ondansetron ODT tablets 8 mg #60 for nausea associated with the headaches that are presents with chronic cervical spine pain. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The treater is requesting this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of ondansetron for medication-induced nausea. Recommendation is for denial. The request for Ondansetron ODT Tablets 8mg #60 is not medically necessary.