

<b>Case Number:</b>	CM13-0054377		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2013
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of September 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 31, 2013, the claims administrator partially certified a request for pain management evaluation and treatment as a one-time evaluation only, denied a request for cyclobenzaprine, approved a request for Wellbutrin, and denied a request for Zofran. The applicant's attorney subsequently appealed. A clinical progress note of October 4, 2013 is notable for comments that the applicant has continued pain complaints with no improvement since her last evaluation. Tenderness and limited range of motion are noted about the cervical and lumbar spines despite 5/5 upper and lower extremity strength. The applicant is given diagnoses of chronic intractable low back pain, neck pain, shoulder pain, and gastritis. Flexeril, Prilosec, Wellbutrin, tramadol, and Zofran are endorsed. The applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Evaluation and Treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is indicated. In this case, the applicant has, indeed, failed to respond favorably to conservative measures. Evaluation and treatment with a pain management physician are therefore indicated. Accordingly, the request is certified.

**Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other oral pharmaceuticals, including diclofenac, tramadol, Wellbutrin, etc. Adding cyclobenzaprine and Flexeril to the mix is not recommended. Therefore, the request is not certified, on independent medical review.

**Ondansetron 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

**Decision rationale:** The MTUS does not address the topic. As noted by the Food & Drug Administration (FDA), ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, however, there is no evidence that the applicant has had any recent surgery. There is no evidence that the applicant has had chemotherapy or radiation therapy. The applicant does not seemingly have any indications for usage of ondansetron or Zofran. Accordingly, the request is not certified, on independent medical review.