MAXIMUS Federal Services

Case Number:	CM13-0055159		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2011
Decision Date:	04/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 57 year old male with an initial date of injury of 3/05/2011. He has sustained injury to both knees as a result of a fall. The bulk of the medical record focuses on the patient's lumbar spine, however. The patient's pain medicine specialist examined him on 6/6/2013 and lists the patient's subjective complaints as low back pain that radiates to the left lower extremity. Objective findings: range of motion of the lumbar spine revealed moderate reduction secondary to pain, spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level, and lumbar myofascial tenderness. No spasm is noted in the physician's examination. An MRI dated 04/13/2011 revealed multilevel loss of disc hydration and multilevel disc protrusion ranging from L1-S1. Diagnoses: 1. Lumbar radiculopathy 2. Lumbar facet arthropathy 3. Right elbow pain 4. Chronic pain other 5. Insomnia secondary to chronic pain 6. Hyertension. The duration of time that the patient has been taking the above medication is not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG #120: 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): 64.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of muscle relaxants. The patient has been prescribed a large quantity of 120 tablets. In addition, there are no muscle spasms documented on the physical exam. The MTUS Chronic Pain Guidelines also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information and the large quantity of Flexeril prescribed, the medical necessity for this muscle relaxant medication has not been established. The request is not medically necessary and appropriate.

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 ODG TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, section on Ondansetron

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. Currently approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The request is not medically necessary and appropriate.