

<b>Case Number:</b>	CM13-0057782		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45 year old male with date of injury 10/28/08. The mechanism of injury is described as cumulative trauma. The patient has complained of lower back pain with radiation of pain to the left lower extremity. Bilateral shoulder pain, left knee pain and right wrist pain since the date of injury. He has been treated with bilateral shoulder surgery, right wrist surgery, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of bilateral shoulders, tenderness to palpation of the right wrist, painful and decreased range of motion of the right wrist, tenderness to palpation of the anterior left knee, decreased and painful range of motion of the lumbar spine. Diagnoses: lumbago, status post right wrist surgery, status post right and left shoulder surgery, left shoulder impingement, left carpal tunnel syndrome. The treatment plan and request is Flexeril, Ondansetron, Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Cyclobenzaprine hydrochloride 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 45 year old male has complained of lower back pain with radiation of pain to the left lower extremity, bilateral shoulder pain, left knee pain and right wrist pain since date of injury 10/28/2008. He has been treated with bilateral shoulder surgery, right wrist surgery, physical therapy and medications to include Flexeril since at least 02/2013. The current request is for Flexeril. Per the MTUS guidelines cited above, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

**60 Ondansetron ODT 8mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.drugs.com/zofran](http://www.drugs.com/zofran).

**Decision rationale:** This 45 year old male has complained of lower back pain with radiation of pain to the left lower extremity, bilateral shoulder pain, left knee pain and right wrist pain since date of injury 10/28/2008. He has been treated with bilateral shoulder surgery, right wrist surgery, physical therapy and medications. The current request is for Ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. Based on this lack of medical findings, Zofran is not indicated as medically necessary.

**10 Terocin patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 45 year old male has complained of lower back pain with radiation of pain to the left lower extremity, bilateral shoulder pain, left knee pain and right wrist pain since date of injury 10/28/2008. He has been treated with bilateral shoulder surgery, right wrist surgery, physical therapy and medications. The current request is for Terocin patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, Terocin patches are not indicated as medically necessary.

