

<b>Case Number:</b>	CM13-0058612		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 2/25/09 and 12/3/86 - 3/2/12. There is a primary treating physician's request for authorization of medications but the most recent office visit with records is from 8/15/13. She complained of pain in her cervical spine with chronic headaches. She was status post bilateral carpal tunnel release. The symptoms in her left shoulder, lumbar spine and bilateral feet was said to have not changed significantly. Her exam was essentially unchanged. She had tender cervical paravertebral muscles with spam and positive axial loading compression test and Spurling's maneuver. She had painful and restricted range of motion. Her shoulder and wrists remained tender as did her lumbar spine paravertebral muscles. She had pain with terminal motion and dysesthesia at the L5 and S1 dermatomes. She also had bilateral plantar pain, calf and heel pain. Her diagnoses were cervical/ lumbar discopathy, left shoulder impingement, rule out rotator cuff pathology and bilateral plantar fasciitis. She was to have cervical spine surgery. At issue in this review is the prescription of numerous medications including Ondansetron, Cyclobenzaprine, Tramadol, Medrox patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 7.5mg #120 Dispensed on 8/15/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic back, shoulder, neck and foot pain. Her medical course has included ongoing use of several medications including muscle relaxants and NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visits fail to document any improvement in pain, functional status or side effects to justify ongoing use. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records. The request is not medically necessary and appropriate.

**Retro: Medrox Patches #30 dispensed on 8/15/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** This injured worker has chronic back, shoulder, neck and foot pain. Her medical course has included ongoing use of several medications including muscle relaxants and NSAIDs. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visits fail to document any improvement in pain, functional status or side effects to justify ongoing use of a compounded product. The Medrox patch's medical necessity is not supported in the records. The request is not medically necessary and appropriate.

**Retro: Ondansetron ODT 4-8mg #30 with one refill dispensed on 8/15/13: 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 Summary.

**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: Up To Date: Ondansetron: Drug Information.

**Decision rationale:** This injured worker has chronic back, shoulder, neck and foot pain. Her medical course has included ongoing use of several medications including muscle relaxants and NSAIDs and Omeprazole. Ondansetron is indicated for prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, there is no documentation of the above

disorders. The records do not document the medical necessity for Ondansetron. The request is not medically necessary and appropriate.

**Retro: Tramadol ER 150mg #90 dispensed on 8/15/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** This injured worker has chronic back, shoulder, neck and foot pain. Her medical course has included ongoing use of several medications including muscle relaxants and NSAIDs. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visits fail to document any improvement in pain, functional status or side effects to justify long-term use. The Tramadol is denied as not medically necessary.