

Case Number:	CM13-0059426		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2013
Decision Date:	04/01/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 54 year old male who was injured on 06/22/2013. The patient stated there was an incident on the freeway and he had to use the Jaws of Life to get somebody out of the car. The patient stated he had to hold the backboard while the injured patient was placed on the board and at one point his neck and low back started to spasm with increased pain in the right hip as well. Ortho evaluation dated 06/27/2013 documented the patient's past medical history included hypertension and GERD. He was taking Diovan and Bystolic at that time. The cervical spine examination revealed paravertebral muscle spasm. Examination of the lumbar spine revealed pain and tenderness in the mid to distal lumbar segments. PR note dated 07/16/2013 documented tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was noted tenderness at the lumbar paravertebral muscles. PR note dated 07/30/2013 documented tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The lumbar spine revealed tenderness from the mid to distal lumbar segments. PR note dated 08/29/2013 documented the patient had been diagnosed with double crush syndrome. Objective findings on exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was tenderness from the mid to distal lumbar segments; pain with terminal motion; seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. PR note dated 09/12/2013 documented the patient to have complaints of pain in the neck which was present all the time and described as dull to sharp. The patient stated his cervical spine was a little worse with time. He also presented with pain in the low back which was present all the time and described as dull, achy to sharp and stabbing. The patient stated his lumbosacral spine was a little worse with time. The patient had no problems with his sexual functions. He had problems with sleeping because of his aches and pain and the years of irregular sleep at work. The patient denied pain in the stomach. He stated he had not had any

cervical spine therapy or any epidurals. He stated he would like to have wrist surgery first. At that time, the patient was taking Diovan 1 tablet, Busytolic1 tablet, Vyturin 10/40 mg 1 tablet, Niaspan 500 mg 1 tablet daily, Baby Aspirin 81 mg 1 tablet daily, Nexium 40 mg 2 tablets daily, Soma an average of 3 to 5 tablets per week; a prescribed pain medication (name unknown to patient), an average of 3 to 5 tablets a week. Examination of the cervical spine revealed no muscle spasm; no rigidity; no palpable tenderness in the paraspinal musculature bilaterally; no palpable tenderness in the trapezius musculature bilaterally; no palpable tenderness in the medial scapular region bilaterally. He had decreased range of motion; reflexes were decreased on the right. PR note dated 09/24/2013 documented the patient to have complaints of persistent neck pain that radiated to the right upper extremity with numbness, tingling and weakness. Objective findings on exam revealed tenderness at the cervical paravertebral muscle and upper trapezial muscles with spasm. There was tenderness from the mid to distal lumbar segments. There was dysesthesia at the L5 and S1 dermatomes. There was a Request for Authorization (Medications) dated 09/26/2013 for the following: Cyclobenzaprine Hydrochloride Tablets 7.5 mg #120: For palpable muscle spasms note during examination. The patient was aware the medication should only be taken in short courses for acute spasms. Ondansetron ODT Tablets 8 mg #30 x2 Qty=60 for nausea as a side effect to cyclobenzaprine and other analgesic agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetran ODT tablets 8 mg #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-Treatment for Workers' Compensation (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 (ODG), Pain, Antiemetics

Decision rationale: Per the ODG, Ondansetron is only recommended for acute use per FDA approved indications, gastroenteritis. The guides further state "Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure.... If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." There is no indication the patient had gastroenteritis which is the only indication for this medicine acutely. The request is not certified.

Cyclobanzaprine Hydrochlionide 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: The CA MTUS guidelines state cyclobenzaprine is an option for a short course of therapy. The effect from the medication is greatest in the first 4 days of treatment, suggesting shorter courses may be better. The patient has documented muscle spasms from the 06/27/2013, 07/16/2013; 07/30/2013; 08/29/2013 and 09/24/2013 examinations and would, under those circumstances qualify for a trial of the medication. The request is for a quantity of 120 which would be too large of an amount to prescribe for this type of medication.