

<b>Case Number:</b>	CM13-0059634		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice and is licensed to practice in Texas. 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 reported an injury on 08/20/2013. The patient was reportedly injured while trying to catch a falling file cabinet. The patient is currently diagnosed with wrist contusion, lumbosacral sprain, wrist and hand sprain, and muscle spasm. A Request for Authorization was submitted by [REDACTED] on 11/08/2013 for the medications Cyclobenzaprine 7.5 mg and Ondansetron ODT tablets 8 mg. However, there was no physician progress report submitted by [REDACTED]. The latest physician progress report is submitted on 10/21/2013 by [REDACTED]. The patient reported persistent lower back pain. Physical examination revealed normal gait, full weight-bearing, negative weakness, spasm in the thoracolumbar spine and paravertebral musculature, tenderness to palpation of the left wrist, and 5/5 motor strength. Treatment recommendations included continuation of current medications and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Cyclobenzaprine Hydrochloride tablets 7.5mg #110:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), page 63-66

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate palpable muscle spasm. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**request for Ondasetron ODT tablets 8mg #30 x 2:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Ondansetron, Antemetic.

**Decision rationale:** Official Disability Guidelines state Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and is also approved for postoperative use. The patient does not appear to meet criteria for the requested medication. Therefore, the request is non-certified.