

<b>Case Number:</b>	CM13-0063897		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Preventative 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 claimant is a 41-year-old female with a 4/21/11 date of injury. Subjective complaints include low back pain radiating to the lower extremities with tingling, neck pain radiating to the left Final Determination Letter for IMR Case Number [REDACTED] 3 upper extremity, and insomnia. Objective findings include antalgic gait, reduced and painful lumbar spine range of motion, tenderness over the lumbar spine, decreased cervical spine range of motion secondary to pain, and cervical paraspinal muscle spasm. Current diagnoses include lumbar radiculitis, lumbar facet arthropathy, cervical strain, chronic pain, and chronic nausea, and treatment to date has been medications. Medical reports identify that patient's average pain level is 10/10 with medication and 10/10 without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF TIZANIDINE 4 MG , #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that documentation of spasticity is necessary to support the medical necessity of Tizanidine. The Official Disability Guidelines state that muscle relaxants are recommended as a second line option for the short-term (less than two weeks) treatment of acute low back pain, and for the short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar facet arthropathy, cervical strain, and chronic pain. In addition, there is documentation of muscle spasm. However, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Tizanidine is not medically necessary.

**ONDANSETRON 4 MG, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The MTUS does not address the issue. The Official Disability Guidelines state that Ondansetron (Zofran) may be certified with documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbar facet arthropathy, cervical strain, chronic pain, and chronic nausea. However, despite documentation of a diagnosis of chronic nausea, there is no clear documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron is not medically necessary.