

<b>Case Number:</b>	CM14-0004901		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational 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 patient is a 48-year-old female who has submitted a claim for cervical, right shoulder, and low back pain, associated with an industrial injury date of January 16, 2003. Medical records from 2012 through 2014 were reviewed. The patient persistently complained of cervical, right shoulder and low back pain. The low back pain radiated to bilateral legs. The patient also complained of nausea without vomiting. Physical examination revealed decreased lumbar range of motion with positive for straight leg raise. There was decreased right shoulder range of motion. Treatment to date has included right shoulder arthroscopic surgery (7/22/06) and medications which include Zofran and Flexeril since 2012. Utilization review from 12/10/2013 denied the requests for the purchase of Flexeril 7.5mg #100 and Zofran 8mg #20. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5 MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 63.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, patient has been on Flexeril since January 2013. She continually experiences cervical, right shoulder, and low back pain with no improvement of functional activities. The medical necessity has not been established at this time as prolonged use may lead to dependence; hence, it is not recommended. Therefore, the pharmacy request for Flexeril 7.5mg #100 is not medically necessary.

**ZOFRAN 8 MG #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) (Ondansetron).

**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: FDA (Ondansetron)

**Decision rationale:** CA MTUS and ODG do not address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration Bulletin was used instead. The FDA states that Ondansetron is a class of medications called 5-HT<sub>3</sub> receptor antagonists that works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. It is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the records showed complaints of nausea without vomiting but did not provide any evidence for the diagnosis of cancer, procedure of radiation therapy, and post-surgical induced vomiting. Ondansetron is not recommended for opioid-induced nausea. Therefore, the request for Zofran 8mg #20 is not medically necessary.