

Case Number:	CM14-0008841		
Date Assigned:	02/12/2014	Date of Injury:	07/26/2011
Decision Date:	07/22/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 60-year-old female with a 7/26/11 date of injury. The mechanism of injury is not noted. In a 1/28/14 progress report, the patient states she recently fell down, injuring her right leg last week. She is able to ambulate, but with pain. She has had increasing lower back pain. She states she has had a recurrence of her headaches. Physical exam shows positive ecchymosis throughout the right lower extremity, positive swelling, positive diffuse tenderness, positive tenderness in the paralumbar musculature (left gluteal region). Diagnostic impression: low back pain, radiculitis in left lower extremity, bilateral lateral epicondylitis. Treatment to date: medication management, activity modification A Utilization Review decision dated 1/7/14 denied the request for cyclobenzaprine. There is no documentation of muscle spasm, tension, stiffness, or trigger points upon examination. It is also not clear on how long the claimant has been on this medication, or if this medication is being used continually or during exacerbation of symptoms only in accordance to California Medical Treatment Utilization Schedule (MTUS) guidelines. The same UR decision denied the request for ondansetron. Guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has occasionally been utilized for the treatment of hyperemesis gravidarum refractory to other treatments. There is no evidence of nausea noted in examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG NO.30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41.

Decision rationale: According to page 41 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress note from 1/28/14 the patient reports that she recently fell down and is able to ambulate, but with pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The guidelines support the use of muscle relaxants in the event of an acute exacerbation in which the patient is experiencing pain. Therefore, the request for Cyclobenzaprine HCl 7.5 mg Quantity 60 was medically necessary.

ONDANSETRON 4MG NO.30: 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).

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: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In the progress reports reviewed, the patient was prescribed ondansetron to counter nausea from Non-steroidal anti-inflammatory drug (NSAIDS). Guidelines do not support the use of ondansetron for NSAID-induced nausea and vomiting. Therefore, the request for Ondansetron 4 mg No.30 was not medically necessary.