

<b>Case Number:</b>	CM14-0101565		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/09/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old female with a 10/9/09 date of injury. A specific mechanism of injury was not described. According to a handwritten and partially illegible progress noted dated 6/18/14, the patient complained of constant cervical spine pain radiating to the right elbow. Objective findings: tenderness at cervical spine, trapezius, and right elbow, positive Spurling's. Diagnostic impression: elbow pain, cervicalgia. Treatment to date: medication management, activity modification. A UR decision dated 6/12/14 denied the requests for Orphenadrine and Ondansetron. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate Q8H PRN #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall

improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, there is no documentation of spasms in the records provided for review. In addition, it is unclear how long the patient has been taking Orphenadrine, and guidelines do not support the long-term use of muscle relaxants. Furthermore, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Orphenadrine Citrate Q8H PRN #120 is not medically necessary.

**Ondansetron 8mg ODT PRN #30 Refills: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in this case, there is no documentation that the patient has complaints of nausea and/or vomiting. There is no documentation that the patient is undergoing cancer chemotherapy, radiation therapy, or surgery. Guidelines do not support the prophylactic use of Ondansetron for medication-induced nausea and/or vomiting. Therefore, the request for Ondansetron 8mg ODT PRN #30 Refills: 1 is not medically necessary.