

Case Number:	CM14-0102628		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2012
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family 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 40-year-old male with an 8/1/12 date of injury. The mechanism of injury occurred when he was lifting boxes in the course of work. According to a progress report dated 5/13/14, the patient complained of low back pain that radiated to the neck and shoulders resulting in headaches. He stated that his hips were sore, he had cramps in the calves and feet and had numbness and burning in his toes. His symptoms were reduced with acupuncture and with medications. Objective findings: positive tenderness bilaterally at the lateral epicondyle and slightly distally also over the forearm, tenderness to palpation of lumbar spine and cervical spine, painful range of motion of hips. Diagnostic impression: history of chronic and intractable low back pain, lumbar spine degenerative disc disease, disc herniation in lumbar spine, radiculitis bilateral lower extremities, neuropathic pain, greater trochanteric bursitis bilateral hips, depression. Treatment to date: medication management, activity modification, acupuncture, physical therapy. A UR decision dated 6/18/14 denied the requests for Cyclobenzaprine and Ondansetron. Regarding Cyclobenzaprine, there is no medical documentation justifying the Cyclobenzaprine and there is no mention of any signs or symptoms of muscle spasms. Regarding Ondansetron, there is no documentation provided suggesting the patient having signs and symptoms of nausea/vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30, Date of Service 5/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA 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. According to the records reviewed, this patient has been on Cyclobenzaprine since at least 12/27/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there is no documentation of subjective complaints or objective findings of spasms. Therefore, the request for Cyclobenzaprine 7.5 mg #30, date of service 5/30/14 was not medically necessary.

Ondansetron 4mg #30, Date of Service 5/30/14: 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): Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. In the reports reviewed, there is no documentation that the patient has complaints of nausea and/or vomiting. In addition, guidelines do not support the use of ondansetron for the prophylactic use from side effects from medications. There is no documentation that the patient has had cancer chemotherapy, radiation therapy, or surgery. Therefore, the request for Ondansetron 4mg #30, date of service 5/30/14 was not medically necessary.