

<b>Case Number:</b>	CM14-0011963		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/05/2001
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old female with date of injury of 06/05/2001. The listed diagnosis per [REDACTED] dated 11/25/2013 is status post right knee arthroscopy with advanced degenerative joint disease. According to this report, the patient underwent a right knee arthroscopy and reports some improvement in her overall symptomatology. The physical exam shows examination of the right knee remains unchanged. There is tenderness at the right knee joint level. There is a positive patellar compression tests. There is pain with terminal flexion with crepitus. The records do not document the patient's current list of medications. The utilization review denied the request on 01/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG 1TAB ORALLY EVERY 8 HOURS PRN #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASMODICS, 64

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®, Amrix®, Fexmid<sub>z</sub>, generic available): Page(s): 64.

**Decision rationale:** The patient presents with chronic right knee pain. The patient is status post right knee arthroscopy. The treater is requesting cyclobenzaprine hydrochloride. The MTUS guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal/muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The progress report dated 11/22/2013 notes, "The patient was provided a brief course of this in the past and noted significant improvement in the spasms. Though the patient does not suffer a chronic injury, when presenting in my office today there was an acute exacerbation of pain and spasms. Given these findings, cyclobenzaprine is appropriate to prescribe at this time for another brief course." The treater further states that the patient is aware that this medication should only be taken as a short course for acute spasms. In this case, the treater notes that the patient has utilized cyclobenzaprine with significant relief in the past, and a short course of cyclobenzaprine is reasonable given an exacerbation of symptoms during examination. Recommendation is for authorization. The request for Cyclobenzaprine Hydrochloride 7.5mg 1tab Orally Every 8 Hours Prn #120 is medically necessary.

**ONDANSETRON ODT TABLETS 8MG SUB-LINGUAL PRN 30X2 #60:** 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 Official Disability Guidelines (ODG) ODG On Ondansetron (Zofran®): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain.

**Decision rationale:** This patient presents with chronic right knee pain. The patient is status post right knee arthroscopy. The MTUS and ACOEM Guidelines are silent with regard to this request; however, ODG guidelines on ondansetron (Zofran) do not support antiemetics for nausea and vomiting due to chronic opiates. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery for acute use for gastroenteritis. The report dated 11/22/2013 documents, "Ondansetron is being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents." In this case, ondansetron is only indicated for post nausea and vomiting and not for other nausea conditions. It is also not indicated for nausea or vomiting while using muscle relaxants. Recommendation is for denial. The request for Ondansetron Odt Tablets 8mg Sub-Lingual Prn 30x2 #60 is not medically necessary.