

<b>Case Number:</b>	CM14-0014229		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 01/05/2010. The mechanism of injury was not provided in the documentation. Per the progress note dated 12/31/2013, the injured worker reported worsening of symptoms in her back, and difficulty ambulating or balancing. The injured worker also reported return of numbness to her hands after her carpal tunnel release a year ago. On physical exam, the cervical spine reveals normal lordosis with a positive Spurling's test to the bilateral upper extremities. Negative tenderness over the paracervical musculature with negative muscle spasms. Motor testing was 5/5. Range of motion is within normal limits; however, there was pain with extension and lateral bending. Reflexes were 2+ bilaterally to upper extremities. There was negative tenderness in the paralumbar musculature, the parathoracic musculature, the posterior superior iliac spine region, or the SI joints. Motor testing was 5/5 to all muscle groups of the lower extremities. Reflexes were 2+ to the lower extremities. Range of motion to the lumbar spine was within normal limits; however, there was pain on full flexion and extension. The injured worker was reported to have a positive straight leg raise bilaterally. The injured worker had negative Tinel's, Phalen's, and median nerve compression tests, negative lift off test, negative Finkelstein's and snuffbox to bilateral wrists. There was negative tenderness over the 1st dorsal compartment, decreased sensation mildly in the median nerve distribution, and motor testing was 5/5 to bilateral wrists. Diagnosis for the injured worker were reported to include status post left and right carpal tunnel release, tendinitis of the bilateral hands, cervical strain, herniated disc cervical spine with degenerative disc disease, low back pain, lumbar strain, herniated disc lumbar spine with degenerative disc disease, and neuropathic pain. The Request for Authorization for medical treatment for the retrospective request for cyclobenzaprine, ondansetron, and diclofenac was dated 01/20/2014. The provider's rationale for the request was reported to be functional improvement and pain relief. There was no

documentation regarding previous treatment for the injured worker except for the 2 carpal tunnel release surgeries.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RETROSPECTIVE REQUEST: 1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5 MG. # 30: Upheld**

**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, MUSCLE RELAXANTS (FOR PAIN),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, Muscle relaxants Page(s): 41, 46.

**Decision rationale:** Per California MTUS Guidelines, there is inconsistent evidence for the use of NSAIDs to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain in with neuropathic pain. It's generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. Per Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased herpetic and cardiovascular risk associated with its use, alternate analgesics and/or nonpharmacological therapy should be considered. There is a lack of documentation regarding the length of time the injured worker had been utilizing this medication and the efficacy of the medication. There was a lack of clinical findings to support a decrease in pain or an increase in functionality while utilizing this medication. In addition, the frequency was not provided in the request. Therefore, the retrospective request for 1 prescription of diclofenac ER 100 gm, quantity of 30, is not medically necessary.

**RETROSPECTIVE REQUEST: 1 PRESCRIPTION OF ONDANSETRON 4 MG. # 30: 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) Pain, Ondansetron, antiemetics.

**Decision rationale:** Per the Official Disability Guidelines (ODG), Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. This medication is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and is approved for postoperative use and gastroenteritis. Nausea and vomiting are common with use of opioids; the side effects tend to diminish over days to weeks of continued exposure. There is a

lack of documentation regarding the injured worker's use of the medication. The injured worker was not reported to have diagnosis of cancer or gastroenteritis for which this medication is recommended. There was a lack of clinical findings to support nausea and vomiting for the injured worker. In addition, the frequency was not provided in the request. Therefore, the retrospective request for 1 prescription of Ondansetron 4 mg, quantity of 30, is not medically necessary.

**RETROSPECTIVE REQUEST: 1 PRESCRIPTION OF DICLOFENAC EXTEND  
RELEASE 100 MG. # 30.: Upheld**

**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, NSAIDs (NON-STEROIDAL AND ANTI-INFLAMMATORY),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's Page(s): 68, 70.

**Decision rationale:** Per the California MTUS Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. See medications for chronic pain for other preferred options. The Cyclobenzaprine is more effective than a placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that short courses may be better. Treatment should be brief; limited mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended for use longer than 2 to 3 weeks. There was a lack of documentation regarding the length of time the injured worker had been utilizing this medication and the efficacy of the medication. There was a lack of clinical findings to support a decrease in pain or increase in functionality while utilizing this medication. In addition, the frequency was not provided in the request. Therefore, the retrospective request for 1 prescription of Cyclobenzaprine 7.5 mg, quantity of 30, is not medically necessary.