

Case Number:	CM14-0016611		
Date Assigned:	04/11/2014	Date of Injury:	06/21/2012
Decision Date:	08/20/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Neurological Surgery 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 injured worker is a 67-year-old gentleman who was reportedly injured on May 21, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated October 16, 2013, indicates that there are ongoing complaints of low back pain and left upper extremity pain. The physical examination demonstrated tenderness along the left long and ring fingers with reproducible triggering. There was a positive Tinel's and Phalen's sign of the left wrist. Examination of the lumbar spine noted tenderness along the lumbar paraspinal muscles as well as pain with range of motion. There was a positive straight leg raise test and decreased sensation at the L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. A request had been made for cyclobenzaprine, ondansetron and naproxen sodium and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request cyclobenzaprine is not medically necessary.

ONDANSETRON ODT TABLETS 8MG #30 TIMES 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Ondansetron is a medication used to prevent nausea and vomiting caused by chemotherapy, radiation therapy, and surgery. As the injured employee is not having any of these symptoms secondary to these conditions, this request for ondansetron is not medically necessary.

NAPROXEN SODIUM TABLETS 550MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: Naproxen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured employees diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. This request for naproxen is medically necessary.