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| <b>Case Number:</b>   | CM14-0016664 |                              |            |
| <b>Date Assigned:</b> | 04/11/2014   | <b>Date of Injury:</b>       | 09/16/2010 |
| <b>Decision Date:</b> | 06/02/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for pain in the neck, right shoulder, elbows, right wrist and low back with an industrial injury date of September 16, 2010. Treatment to date has included intramuscular injection of Toradol and Lidocaine, which the patient tolerated with no post injection complications; medications for pain that include Norco, Cyclobenzaprine, Naproxen sodium, Gabapentin and Transdermal medications; Omeprazole to avoid potential long term gastrointestinal side effects of analgesics; and Ondansetron for nausea. Utilization review from January 24, 2014 denied the request for Cyclobenzaprine 7.5mg BID, Norco 10/325mg q6-8hrs as needed #120, and Ondansetron ODT 8mg #8. Medical records from 2013 were reviewed, the latest of which dated December 12, 2013 shows that the patient still complains of ongoing pain to her neck, right shoulder, both elbows, right wrist, and low back. On physical examination, patient has mild antalgic gait. Examination of the lumbar spine revealed pain, tenderness, and limited range of motion, with diminished L5-S1 sensation with a positive straight leg raise. Examination of the cervical spine revealed pain and tenderness, more on the right than left sided, with limited range of motion secondary to pain. Examination of the right shoulder revealed limited range of motion, with positive impingement and Neer's sign. Examination of the right hand revealed positive Phalen's test, but with paresthesia in the distribution of the ulnar nerve, suggesting entrapment of the Guyon's canal. Examination of the left hand and wrist revealed positive Phalen's test with paresthesia in the distribution of the ulnar nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG TWICE A DAY: Upheld**

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

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

**Decision rationale:** As stated on page(s) 63-66 of the Chronic Pain Medical Treatment Guidelines, section on muscle relaxants (for pain), efficacy appears to diminish over time, and prolonged use of muscle relaxants may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy only and not recommended for longer than 2-3 weeks. In this case, cyclobenzaprine was prescribed since August 2013 for muscle tightness and cramping. However, there was no documentation on the analgesic effect, and impact on the patient's activities of daily living. Long term use is also not recommended. Therefore, the request for cyclobenzaprine is not medically necessary.

**NORCO 10/325MG EVERY 6-8 HOURS AS NEEDED #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** As stated on page(s) 78-80 of the Chronic Pain Medical Treatment Guidelines, chapter on opioid, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be complete in ongoing opioid use. In this case, Norco was prescribed since August 2013 for moderate to severe pain. However, there was no documentation of the analgesic effect, impact on the patient's activities of daily living, side effects and the occurrence of any potential aberrant drug-related behaviors; therefore, the request for Norco is not medically necessary.

**ONDANSETRON ODT 8MG #8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment For Workers' Compensation Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron.

**Decision rationale:** The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division

of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, Ondansetron was prescribed since October 2013 for nausea. The patient has been on opioids since August 2013. There is no documentation that the patient is currently experiencing nausea and/or vomiting. There is also no discussion concerning the need for variance from the guidelines. Therefore, Ondansetron is not medically necessary.