

Case Number:	CM14-0019715		
Date Assigned:	04/28/2014	Date of Injury:	09/01/2000
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 52 year old female who sustained an injury on 03/01/01. No specific mechanism of injury was noted. The injured worker has been followed for chronic neck pain radiating to the upper extremities. The injured worker has a persistent surgical history to include a spinal cord stimulator implant following cervical fusion procedures completed from C5 to C6. The injured worker has been managed with multiple medications to include Gabapentin, Cimetidine, Indocet, Cymbalta, Tizanidine, and Zofran. The injured worker had been followed by [REDACTED] for ongoing chronic pain. The injured worker did report improvements with medications with VAS scores being reduced to 5/10 from 8/10 without medications. The clinical report from 01/07/14 by [REDACTED] did note decreased range of motion in the cervical spine secondary to pain. Vertebral tenderness to palpation was present with associated spasms. The injured worker was continued on Tizanidine for muscle spasms as well as Zofran to address nausea and vomiting symptoms. Per [REDACTED] report on 02/13/14, Zofran had been effective in managing chronic nausea. The injured worker was reported to have used Tizanidine occasionally to address acute episodes of muscular spasms. The requested Zofran 4mg, quantity 90 and Tizanidine 2mg, quantity 90 was non-certified by utilization review on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 4MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chapter, Pain.

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, Anti-Emetics.

Decision rationale: Zofran is being utilized off-label for this injured worker. The FDA indications for the use of Zofran include nausea and vomiting secondary to chemotherapy or radiation therapy. There is no documentation regarding this type of therapy for this injured worker. Other indications include the use of Zofran to address postoperative nausea which is not noted for this injured worker. Given the off-label use of Zofran outside of FDA indications, this reviewer would not have recommended this medication as medically necessary.

TIZANIDINE HCL 2MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. The request is not medically necessary and appropriate.