

Case Number:	CM14-0150405		
Date Assigned:	09/18/2014	Date of Injury:	06/05/2001
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation 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 67-year-old female who has submitted a claim for postsurgical status right TKA (05/16/2014), sprains and strains of knee and leg not otherwise specified, and chondromalacia patellae associated with an industrial injury date of 06/05/2001. Medical records from 06/28/2013 to 06/18/2014 were reviewed and showed that patient complained of right knee pain (pain scale grade not specified). Physical examination revealed weakness of right lower extremity and slightly decreased flexion with full flexion ROM. Treatment to date has included total right knee arthroplasty (05/16/2014), physical therapy, Cyclobenzaprine Hydrochloride 7.5mg #120 (prescribed since 11/22/2013), Ondansetron 8mg #30 (prescribed since 11/22/2013), Ketoprofen 75mg (prescribed since 11/22/2013), and Nalfon 400mg #120 (DOS: 09/10/2013). Of note, there was no documentation of functional outcome from pain medications. Ondansetron was prescribed to counteract side effects of pain medications. Utilization review dated 09/10/2014 denied the request for Ondansetron 8mg #30 because the request does not meet guidelines criteria. Utilization review dated 09/10/2014 denied the request for Cyclobenzaprine Hydrochloride 7.5mg #120 because there was no documentation of spasms. Utilization review dated 09/10/2014 denied the request for Nalfon 400mg #120 because there was no documentation of significant benefit with long-term NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

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

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 (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the patient was prescribed Ondansetron 8mg #30 since 11/22/2013 to counteract side effects of pain medications. However, the guidelines only recommend Ondansetron for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine Hydrochloride 7.5mg #120 since 11/22/2013). However, physical findings did not include muscle spasms to support cyclobenzaprine use. Moreover, there was no documentation of functional outcome from Cyclobenzaprine use. The guidelines do not recommend long-term use of Cyclobenzaprine as well. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Nalfon (Fenoprofen Calcium) 400mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to

severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Nalfon 400mg #120 (DOS: 09/10/2013). It was noted that the patient has been prescribed other NSAIDs (Ketoprofen) since 11/22/2013. The guidelines do not recommend the long-term use of NSAIDs. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Nalfon (Fenoprofen Calcium) 400mg #120 is not medically necessary.