

<b>Case Number:</b>	CM14-0156713		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Occupational Medicine 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:

This patient is a 49 y/o male who suffered a left wrist fracture secondary to a slip and fall on 1/20/14. He has been treated with open reduction and fixation with no surgical complications. Ongoing pain is described in the forearm and hand with signs of nerve irritability. X-rays reveal an osteopenia, but it is noted that there is no allodynia, swelling, color or temperature changes. Mediations are dispensed and include Nalfon, Omeprazole, Ondansetron for headaches for cervical pain, Tramadol without documentation and Cyclobenzaprine without documented muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8mg #30 prescribed on 8/7/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14); Antiemeticsl ( for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics for opioid induced nausea. Other Medical Treatment Guideline or Medical Evidence:[drugs.com/ondansetron](http://drugs.com/ondansetron)

**Decision rationale:** MTUS Guidelines do not address the use of Ondansetron. This drug's recommended use is for post operative nausea or nausea associated with chemotherapy. MTUS Guidelines do not recommend that it be used for opioid induced nausea. This patient does not meet these criteria. In addition, the physician states that it being recommended for headaches secondary to neck pain. This patient is not reported to have headaches or neck problems. The Ondansetron 8mg #30 is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

**Decision rationale:** MTUS Guidelines do not recommend the use of Cyclobenzaprine beyond 2-3 weeks. There are no unusual circumstances that would justify an exception to Guideline recommendations. The Cyclobenzaprine 7.5mg. #120 is not medically necessary.

**Tramadol HCL ER (extended release) 150mg #90 prescribed on 8/7/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-78.

**Decision rationale:** MTUS Guidelines recommend specific criteria and screening before initiating a long term course of opioid medications. No screening per Guideline recommendations is documented and no reasonable trials of non-opioid mediation are reported. The dispensing physician does not meet Guideline criteria for providing Tramadol ER 150mg. #120. Under these circumstances the Tramadol ER 150mg. #120 is not medically necessary.