

Case Number:	CM14-0020016		
Date Assigned:	04/28/2014	Date of Injury:	07/24/2011
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43 year old female who reported an injury on 07/24/11. The mechanism of injury is unknown. The clinical note dated 01/10/2014 noted the injured worker reported pain to the left shoulder, right shoulder and neck. The injured worker also noted headaches and depression. The physical exam noted a negative spurlings test with mild positive muscle spasms in the paracervical musculature, positive bilateral positive straight leg raise with diminished sensation. The injured worker was prescribed Cyclobenzaprine, Dicolfenac XR, Omeprazole, NSAIDs, Ondansteron, Tramadol ER, and Wellbutrin. The injured worker had diagnoses of right shoulder status post arthroscopy, subacrominal decompression, and frozen right shoulder, tendinitis right/left shoulder tendonitis, cervical strain, neuropathic pain, headaches. The provider requested Cyclobenzaprine for muscle spasms, and Ondansteron to counter effect nausea from NSAIDS. The request for the authorization was provided and dated 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The injured worker reported pain to the left shoulder, right shoulder and neck, as well as headaches and depression. The California MTUS guidelines note benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The injured worker had been on Cyclobenzaprine since 07/24/2011 which exceeds the guideline recommendation of a limit of 4 weeks. The physician did not include adequate documentation of significant objective functional improvement with the medication. Therefore the request for Cyclobenzaprine is not medically necessary.

ONDANSETRON 4MG #30: Upheld

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

Decision rationale: The injured worker reported pain to the left shoulder, right shoulder and neck, as well as headaches and depression. The Official Disability guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines recommend antiemetics for acute use as noted below per FDA-approved indications. The guidelines note nausea and vomiting are common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The guidelines note ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment and gastroenteritis. Promethazine is FDA-approved for postoperative use. There is a lack of clinical findings indicating the injured worker has gastroenteritis, or is using the medication for chemotherapy and radiation treatment. The request for Ondansetron 4 mg # 30 does not meet the guideline recommendations. Therefore the request is not medically necessary.