

<b>Case Number:</b>	CM14-0021236		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 46-year-old female with 7/6/12 date of injury, from a slip and fall. Diagnosis includes bilateral carpal tunnel syndrome. A left shoulder injection provided pain relief. A progress note from 12/24/13, described difficulty walking for any long distances. She is currently taking antidepressant for depression and neuropathic pain, but feels like it is making her lose her memory. Treatment plan discussed medications for chronic intractable pain, radiculopathy, neuropathic pain, and depression. Cyclobenzaprine is to relieve muscle spasm; Ondansetron to counter nausea for NSAIDs prophylaxis; and Tramadol for chronic pain relief. Most recently on 1/28/14, symptoms were noted to be unchanged. Medications were prescribed. The 12/24/13 urine drug screen (UDS) had inconsistent results; Hydrocodone and Tramadol were not detected. Treatment to date has included medications, activity modification, chiropractic treatment, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDS).

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

**Decision rationale:** Medical necessity for the requested muscle relaxant is not established. The patient has a 2012 date of injury and CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP), however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Chronic pain management is not supported with the use of muscle relaxants. There is no indication of an acute exacerbation.

**ONDANSETRON 4 MG #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, Antiemetics 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 Chapter, Antiemetics For Opioid Nausea and Non-MTUS FDA: Ondansetron ([http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm\\_source=fdaSearch&utm\\_medium=website&utm\\_term=zofran&utm\\_content=1](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1) (accessed 5/2/2012)).

**Decision rationale:** Medical necessity for Ondansetron is not established. The Official Disability Guidelines (ODG) & the FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. These conditions/treatments have not been documented in this patient. If there is medication induced nausea, prescribed medications should be adjusted or changed to avoid side effects.

**TRAMADOL ER 150 MG # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**Decision rationale:** . Medical necessity for the requested Tramadol is not established. There is little to indicate continued efficacy of this medication, including reduction in visual analogue scale (VAS) scores or functional improvement. CA MTUS does not recommend Tramadol as a first line treatment option, however opioid medication management is necessary. Besides lack of documented efficacy, the most recent urine drug screen (UDS) was negative for prescribed Tramadol or hydrocodone. Due to lack of documented efficacy and compliance, the request is not substantiated.