

Case Number:	CM14-0025593		
Date Assigned:	06/13/2014	Date of Injury:	03/09/2012
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 a 58 year old male who sustained an injury on 03/09/12. No specific mechanism of injury was noted. The injured worker recently underwent a left cubital tunnel release with extensive procedures to the left elbow including a fasciotomy and epicondylectomy as well as a left carpal tunnel release with a partial flexor tenosynovectomy and release of the distal volar fascia performed on 12/06/13. A clinical report from 2/11/14 indicated the injured worker was status post knee arthroscopy; however, no other operative reports were available for review. Physical examination was not discernible other than vital signs. The injured worker's medications were listed which included medications for hyperlipidemia. The injured worker was prescribed Ondansetron and Terocin patches on 02/20/14. No corresponding clinical reports were noted for this physician. The requested Cyclobenzaprine 7.5mg, quantity 120 and Ondansetron 8mg, quantity 30 with 2 refills were both denied by utilization review on 02/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

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

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

Decision rationale: There is insufficient documentation provided for review to support the use of this medication on a long term basis. There were no corresponding physical examination findings indicating the rationale for continuation of a muscle relaxer. It is unclear whether the injured worker had any recent exacerbation of chronic musculoskeletal complaints or evidence of ongoing acute spasms. Cyclobenzaprine is not recommended for long term use per the MTUS Chronic Pain Guidelines. Given the limited documentation to support the use of this medication, this reviewer would not have recommended this request as medically necessary.

ONDANSETRON ODT TABLETS 8MG #30 X2 QTY: 60: Upheld

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

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: The clinical documentation submitted for review did not indicate the injured worker was receiving any chemotherapy or radiative therapy producing side effects to include nausea and vomiting. The injured worker was well outside the perioperative period to support the use of Ondansetron for postoperative nausea and vomiting. As there were no other indications that the injured worker meets FDA guidelines for the use of this medication, the request is not medically necessary and appropriate.