

Case Number:	CM14-0028168		
Date Assigned:	06/13/2014	Date of Injury:	07/30/2008
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with a date of injury of 07/30/2008. The listed diagnoses per [REDACTED] are: 1. Arachnoiditis. 2. Lumbar radiculopathy. 3. Postlaminectomy syndrome. 4. Diabetic neuropathy. According to progress report 02/03/2014 by [REDACTED], the patient presents with low back pain that radiates from the buttocks into the bilateral lower extremities. It was noted the patient had excellent result from prior ESI with about 70% pain relief. The patient still continues with some cramping in the lower extremity. Treater reports, "Zofran works great. He says almost no sickness while on Zofran." Report 01/02/2014, 10/24/2013, and 08/29/2013 all notes "Zofran works great." Report 08/29/2013 indicates the patient continues "as before with SLR a less than 30% bilateral in a sitting position." The treater is requesting a refill of Flexeril 10 mg #90 and Zofran 4 mg #90. Utilization review denied the request on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine (Flexeril).

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

Decision rationale: This patient presents with continued low back pain that radiates down to bilateral lower extremities. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 64 states "Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use." This patient has been taking Flexeril since at least 08/29/2013. In this case, the treating physician is requesting this medication for long-term use. Furthermore, review of reports from 08/29/13 to 02/03/2014 does not note any muscle spasm in this patient. The requested cyclobenzaprine #90 is not medically necessary and appropriate.

ZOTRAN 4MG #90: Upheld

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

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

Decision rationale: This patient presents with low back pain that radiates into the bilateral lower extremities. The treating physician is requesting a refill of Zofran. Each progress report from 08/29/2013 to 02/03/2014 indicates, "Zofran works great. He says almost no sickness while on Zofran." His medication regimen includes Flexeril. The treating physician does not discuss why this patient has "sickness" and what is causing it. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines do not discuss Zofran, however, Official Disability Guidelines (ODG) Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." In this case, the treating physician has been prescribing Zofran since 08/29/2013 and ODG Guidelines do not support the use of ondansetron for long term use. Treatment is not medically necessary and appropriate.