

<b>Case Number:</b>	CM14-0052836		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Internal 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 is a case of a 59 year old female with a date of injury of 11/22/2010. She was sitting in the chair and fell out of the chair falling on to her right hand side injuring her right wrist and her lumbar spine. She was diagnosed with low back strain, cervical strain, right wrist strain, and underwent physical therapy sessions and failed to improve. MRI of the lumbar spine showed spinal stenosis from L2-L5 and she underwent lumbar epidural steroid injection on 9/10/2013 with over 50% improvement in her lower extremity pain; however continues to have axial low back pain. In a recent visit note by [REDACTED] dated 3/31/2014, the patient presents for follow-up of her low back and right wrist pain. The patient continues to have pain in her right wrist and is status post right wrist and thumb surgery in 2012 with [REDACTED]. She states that after her wrist surgery, she did have improvement in the more severe wrist pain but she still had soreness in the wrist. She states that the pain has gotten worse again since February 2014 to the point she had pain with brushing her teeth due to the movement at the wrist. She continues to have low back pain with radiation into the right lower extremity. She continues to rate her pain at 9-10/10 on VAS without the medication Nucynta and 4-5/10 with the Nucynta medication. She also reports having improvement in her tolerance for daily activity such as picking up something from the floor or putting on her shoes. She can lift groceries with less pain. Without the medication, she could not sit for more than 10 minutes. With Nucynta she can sit for 30-40 minutes at a time. On physical examination, her right upper extremity revealed decreased grip strength on the right, slight limitation and pain with extension, flexion and radial deviation as well as tenderness to palpation of the dorsal surface of the wrist. Subsequently on 4/25/2014 she underwent surgery with [REDACTED]. She had a right wrist arthroscopy with extensive debridement, and complete arthroscopic synovectomy, of the right wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine Hydrochloride 7.5 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** Based on MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, and suggestion that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the patient has been on Cyclobenzaprine for several months and there is no clear indication for its continued use. Therefore, based on the MTUS guidelines and the evidence in this case, the request for Cyclobenzaprine Hydrochloride 7.5 mg #60 is not medically necessary.

### **Zofran 8mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Antiemetic (for opioid nausea)

**Decision rationale:** Based on Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> receptor agonist and is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment as well as for postoperative use and to be used acutely for gastroenteritis. In this case, there was no mention of nausea and or vomiting caused by medication or otherwise. Unfortunately, we are unable to know if patient will experience post-operative nausea. There again is no clear indication for the use of this medication in this setting. Therefore, based on Official Disability Guidelines and the evidence in this case, the request for Zofran 8 mg #60 is not medically necessary.

### **Colace 100mg #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** Based on MTUS guidelines, when initiating therapy with an opioid, it is recommended to use prophylactic treatment of constipation as well since this is a very common side effect. In this case, the narcotic pain medication Norco was approved for post-operative treatment of pain in a short course. It is reasonable to use Colace, a stool softener prophylactically while on narcotic pain medications. Therefore, based on MTUS guidelines and the evidence in this case, the request for Colace 100mg #20 is medically necessary.

**Two week game ready rental:** 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), 11th edition (web), 2014, Treatment Section for the Wrist and Hand under the Heading of Cold Packs

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

**Decision rationale:** Based on Official Disability Guidelines, it reports that continuous flow cryotherapy is recommended as an option for up to 7 days postoperatively, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage; however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. In this case, the request is for a two week game ready rental which exceeds the one week recommended treatment duration with this unit. Therefore based on Official Disability Guidelines and the evidence in this case, the request for two week game ready rental is not medically necessary.