MAXIMUS Federal Services

Case Number:	CM14-0083132		
Date Assigned:	07/21/2014	Date of Injury:	11/16/2010
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/04/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 injured worker is a 58 year old female who developed tight shoulder and neck pain whenn she liefted at work on 11/16/2010. During her visit to her doctor on 05/ 06/2014, she reported she had 4/10 pain in her right shoulder, and 7/10 pain in her neck. The pain goes to her right upper limb. She had increased her Neurontonin to twice daily due to pain. The physical examination revealed limited range of motion of the right shoulder and neck. She has been diagnosed of other specifed disorders of bursae and tendons in shoulder region; Cervical spondylosis without myelopathy; spasms of muscle; brachial neuritis or radiculitis NOS; spasm of muscle; pain in limb; constipation. The injured worker has had right shoulder daignostic arthroscopy; arthroscopic debridement SLAP tear ; glenohumoraljoint syenovectomy; chondroplasty and debridement glenohumoral joint, SAD with bursectomy and debridement of rotator cuff tendon; AC Joint/ Mumford procedure; RCR and Biceps tendinosis. Her treatments include Nucyanta; Topical voltaren ; welbutrin; priloesc, omeprazole; Tizanidine; Naprozen; Gabapentin, and Zofran ; AC joint injection. At dispute are Ondansetron 8mg, #10; Tizanidine 4mg, #90; Gabapentin 300mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PAIN(Chronic)>, < Ondansetron (ZofranÂ®)

Decision rationale: The injured worker sustained a work related injury on 11/16/2010. The medical records provided indicate the diagnosis of other specified disorders of burse and tendons in shoulder region; cervical spondylitis without myelopathy; spasms of muscle; brachial neuritis or radiculitis NOS; spasm of muscle; pain in limb; constipation. Treatments have included Nucyanta; Topical voltaren ; welbutrin; priloesc, omeprazole; Tizanidine; Naprozen; Gabapentin, and Zofran ; AC joint injection.The medical records provided for review do not indicate a medical necessity for Ondansetron 8mg, #10. The Official Disability Guidelines does not recommend Ondansetron(Zofran) for nausea and vomiting secondary to chronic opioid use. The reason is that such side effects of opioids resolve after a short while. Besides, the injured worker is currently not on opioids, and none of her listed work related medical problems is associated with nausea and vomiting. The request is not medically necessary.

Tizanidine 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Insert Topic (Muscle relaxants (for pain)

Decision rationale: The injured worker sustained a work related injury on 11/16/2010. The medical records provided indicate the diagnosis of other specified disorders of burse and tendons in shoulder region; cervical spondylitis without myelopathy; spasms of muscle; brachial neuritis or radiculitis NOS; spasm of muscle; pain in limb; constipation. Treatments have included Nucyanta; Topical voltaren ; welbutrin; priloesc, omeprazole; Tizanidine; Naprozen; Gabapentin, and Zofran ; AC joint injection.The medical records provided for review do not indicate a medical necessity Tizanidine 4mg, #90. Both the MTUS and the Official disability Guidelines recommend the non-sedating muscle relaxants for a short time (two weeks) treatment of low back pain or acute exacerbation of chronic low back pain. The records revealed the injured worker has been using this since 2013. The requested treatment is not medically necessary.

Gabapentin 300mg, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug neuropathic pain (due to nerve damage).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 11/16/2010. The medical records provided indicate the diagnosis of other specified disorders of burse and tendons in shoulder region; cervical spondylitis without myelopathy; spasms of muscle; brachial neuritis or radiculitis NOS; spasm of muscle; pain in limb; constipation. Treatments have included Nucyanta; Topical voltaren ; welbutrin; priloesc, omeprazole; Tizanidine; Naprozen; Gabapentin, and Zofran ; AC joint injection.The medical records provided for review do not indica te a medical necessity for Gabapentin 300mg, #90. The MTUS does not recommend continued use of the antiepileptic drugs without documented evidence of 30% or more improvement in pain. They are considered as first line agents in the treatment of neuropathic pain of post hepatic neuralgia or diabetic polyneuropathy. There was no record of the injured worker's pain improvement, rather the injured worker was reported to have used increased dose due to pain. The requested treatment is not medically necessary. The injured worker sustained a work related injury on 11/16/2010. The medical records provided indicate the diagnosis of other specified disorders of burse and tendons in shoulder region; cervical spondylitis without myelopathy; spasms of muscle; brachial neuritis or radiculitis NOS; spasm of muscle; pain in limb; constipation. Treatments have included Nucyanta; Topical voltaren ; welbutrin; priloesc, omeprazole; Tizanidine; Naprozen; Gabapentin, and Zofran ; AC joint injection.The medical records provided for review do not indicate a medical necessity.