

Case Number:	CM14-0135725		
Date Assigned:	08/29/2014	Date of Injury:	07/28/2013
Decision Date:	09/28/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old woman sustained an industrial injury on 7-28-2013 after tripping over cables and landing on the bilateral knees. The worker attempted to manage the pain on her own with ice and did not report the injury or seek medical attention until 8-22-2013. Evaluations include left knee MRI dated 9-13-02013. Diagnoses include internal derangement of the left knee. Treatment has included oral medications, surgical intervention, and knee support. Physician notes dated 7-15-2014 show complaints of left knee pain rated 4-5 out of 10. The worker received an injection to the left knee during this visit. Recommendations include continue medication management as detailed on another cover letter and follow up in several weeks. Physician medication recommendations dated 7-26-2014 show orders for Voltaren, Cyclobenzaprine, Ondansetron, Omeprazole, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg, #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 Anti Emetics (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 (Chronic) chapter, under Anti-emetics (for opioid nausea).

Decision rationale: Based on the 5/20/14 progress report provided by the treating physician, this patient presents with minimal, frequent, occasional and moderate pain in the left knee. The treater has asked for Ondansetron ODT 8MG, #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p left knee arthroscopic meniscectomy of the left knee from 1/28/14. After the surgery, she got 70% improvement and states the pain is better and more dull per 5/20/14 report. The patient has been treated with physical therapy and NSAIDs per 5/20/14 report. The patient has not been doing here home exercise program anymore per 4/29/14 report. The patient is not taking any medications as of 5/20/14 report. The patient's work status is able to work without restrictions per 4/29/14 report. ODG guidelines Pain (Chronic) chapter, under Anti-emetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. 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. Acute use is FDA-approved for gastroenteritis. In regard to Zofran, the treater has not provided a reason for the request. A review of recent progress reports fails to locate a rationale for this request. The patient underwent a recent surgical procedure in January of 2014, and had some heel pain for which an unspecified medication was prescribed on 2/18/14 and 3/7/14. There is no documentation that this patient experiences GI upset secondary to NSAID utilization, or nausea. In fact, the patient is not taking any medications as of 5/20/14 report. There is no evidence of any utilization of narcotic medications. Without a clearer rationale for this medication's utilization, medical necessity cannot be substantiated. The request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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

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

Decision rationale: Based on the 5/20/14 progress report provided by the treating physician, this patient presents with minimal, frequent, occasional and moderate pain in the left knee. The treater has asked for Cyclobenzaprine Hydrochloride 7.5MG, #120 on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p left knee arthroscopic meniscectomy of the left knee from 1/28/14. After the surgery, she got 70% improvement and states the pain is better and more dull per 5/20/14 report. The patient has been treated with physical therapy and NSAIDs per 5/20/14 report. The patient has not been doing here home exercise program anymore per 4/29/14 report. The patient is not taking any medications as of 5/20/14 report. The patient's work status is able to work without restrictions per 4/29/14 report. MTUS, Muscle

Relaxants for Pain, pg. 63: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) In this case, the treater does not discuss this request in the reports provided. There is no documentation of prior use of Cyclobenzaprine/Flexeril. Nonetheless, none of the progress reports dated 12/20/13 to 5/20/14 describe spasms in the physical examination. Additionally, MTUS recommends it only for a short period (no more than 2-3 weeks) and this prescription for 120 tabs does not indicate short-term usage. Therefore, the request is not medically necessary.

Diclofenac Sodium ER (Voltaren SR) 100mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 5/20/14 progress report provided by the treating physician, this patient presents with minimal, frequent, occasional and moderate pain in the left knee. The treater has asked for Diclofenac Sodium ER (Voltaren SR) 100mg, #120 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p left knee arthroscopic meniscectomy of the left knee from 1/28/14. After the surgery, she got 70% improvement and states the pain is better and more dull per 5/20/14 report. The patient has been treated with physical therapy and NSAIDs per 5/20/14 report. The patient has not been doing here home exercise program anymore per 4/29/14 report. The patient is not taking any medications as of 5/20/14 report. The patient's work status is able to work without restrictions per 4/29/14 report. MTUS, Anti-inflammatory medications, pg. 22: For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The treater has requested Voltaren. The patient has not been prescribed this medication before, per review of reports. ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater

addressed patient's risk profile. The patient underwent a recent left knee surgery in January of 2014, and had some left heel pain for which an unspecified medication was prescribed on 2/18/14 and 3/7/14. However, the patient is not taking any medications as of 5/20/14 report and stated 70% improvement of pain post-surgery. The treater does not explain the necessity of this NSAID, and thus, the request is not medically necessary.