MAXIMUS Federal Services

Case Number:	CM14-0163378		
Date Assigned:	10/08/2014	Date of Injury:	07/21/2008
Decision Date:	01/06/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work-related injury on July 21, 2008. Subsequently, she developed chronic neck pain. According to the progress report dated May 22, 2012, the patient still have some residual symptoms in the cervical spine with chronic headaches and tension between the shoulder blades. Examination of the cervical spine revealed suboccipital type tenderness, positive headaches, and extension of symptoms into the upper extremities. The patient was diagnosed with cervical discopathy/radiculitis, carpal tunnel syndrome/double crush, cubital tunnel/double crush syndrome, right knee degenerative joint disease with sprain of the anterior cruciate ligament and lateral collateral ligament, left knee arthroscopy with degenerative joint disease and tear of the medial meniscus, and left hip greater trochanteric bursitis. The provider requested authorization for Ondansetron ODT, Cyclobenzaprine Hydrochloride, and Sumatriptan Succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #60, DOS: 5/22/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-Emetic Effect of

Ondansetron and Palonosetron in Thyroidectomy: A Prospective, Randomized, Double-Blind Study." Br J Anaesth 108(3): 417-422

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron ODT 8mg # 60 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg, DOS: 5/22/12: 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 Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine Hydrochloride Tablets 7.5 Mg is not medically necessary.

Sumatriptan Succinate 25mg #9 x 2, DOS: 5/22/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Guidelines; Balaguer-Fernandez, C., et al. (2008). "Sumatriptan Succinate Transdermal Delivery Systems for the Treatment of Migraine." J Pharm Science 97(6): 2102-2109.

Decision rationale: Sumatriptan Succinate is a treatment for migraine headache. The patient's record did not document a clear history of headache or migraine induced and occurring during the course of her employment or prior to that. There is no recent documentation of migraine headaches. Although MTUS guidelines are silent regarding the use of Sumatriptan Succinate, there is no specific documentation to support the need for this medication. Therefore, the medication is not medically necessary.