

<b>Case Number:</b>	CM14-0196316		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Pain 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 patient with a date of injury of 10/21/13. A utilization review determination dated 11/15/14 recommends non-certification of carisoprodol, ondansetron, ketorolac, emergency device level 3, and injection IM/SQ. 10/25/14 medical report identifies low back pain. Had epidural 1 month earlier and feels the same. On exam, there is tenderness, limited ROM due to pain, and positive SLR. Medications include ketorolac (Toradol), carisoprodol, and ondansetron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no indication of muscle spasms and the medication is a sedating muscle relaxant. Furthermore, an open-ended request for the medication is not consistent with

short-term treatment as recommended by the CA MTUS. In the absence of clarity regarding the above issues, the currently requested Soma is not medically necessary.

**Ondansetron 4mg:** 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 (Chronic)

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

**Decision rationale:** Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

**Emergency Device level 3:** 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) Knee Chapter, Durable medical equipment

**Decision rationale:** Regarding the request for emergency device level 3, CA MTUS does not address the issue. ODG noted that durable medical equipment is recommended generally if there is a medical need. Within the documentation available for review, there is no clear description of the requested device and a rationale for its use. In the absence of clarity regarding the above issues, the currently requested emergency device level 3 is not medically necessary.

**Injection IM/SQ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol®)

**Decision rationale:** Regarding the request for injection IM/SQ, it appears that the injection was for the purpose of administration of Toradol (ketorolac) CA MTUS does not address the issue. ODG notes that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the documentation available for review, it is noted that the patient has a chronic injury and there is no documentation of a significant exacerbation that would require the use of medication at the opioid level at the time of the injection. In light of the above issues, the currently requested injection IM/SQ is not medically necessary.