

<b>Case Number:</b>	CM14-0197679		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 11, 2009. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for Zofran and cyclobenzaprine. The claims administrator stated that its determinations were based on a letter of October 24, 2014 and progress notes of September 15, 2014 and May 15, 2014. The claims administrator alluded to a remote history of earlier lumbar fusion surgery in 2013. The applicant's attorney subsequently appealed. Several of the articles at issue were endorsed via a prescription form/RFA form dated October 19, 2014, in which the attending provider furnished the applicant with medications including Fenopropfen, Cyclobenzaprine, Ondansetron, Omeprazole, Lunesta, and Tramadol. Preprinted checkboxes were employed. Little to no narrative commentary or applicant-specific rationale was furnished. In an RFA form/prescription form dated October 24, 2014, Fenopropfen, Prilosec, Zofran, Flexeril, and Tramadol were, once again endorsed, without associated progress notes or narrative commentary. In a progress note of December 25, 2014, the applicant reported 7/10 low back pain, exacerbated by sitting, standing, lifting, twisting, and bending. The applicant did exhibit an intact gait. Multiple medications were refilled under separate cover, without any explicit discussion of medication efficacy. The applicant was status post lumbar fusion surgery. The applicant's work and functional status were not clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Ondansetron ODT 8mg: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7 and 8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** 1. No, the request for Ondansetron (Zofran) was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, there was no mention of the applicant's has completed any recent cancer chemotherapy, radiation therapy, and/or surgery. Indeed, the September 15, 2014 progress note, referenced above, contained no mention of the applicant's personally experiencing any symptoms of nausea and/or vomiting for which usage of Zofran (Ondansetron) could be considered. Therefore, the request was not medically necessary.

### **120 Cyclobenzaprine Hydrochloride 7.5mg: Upheld**

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

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

**Decision rationale:** 2. Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Zofran, Tramadol, Fenoprofen, Lunesta, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.