

<b>Case Number:</b>	CM14-0204786		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 56 year old female, who sustained an industrial injury on 2/09/2011, resulting in right shoulder injury, while working as an elderly caregiver. The diagnoses have included chronic pain syndrome, cervicgia, lumbago, cervical and lumbar degenerative disc disease, lumbar spondylosis, and elevated liver function tests. Treatment to date has included conservative measures. Currently, the IW complains of pain in the neck, radiating up into her head, causing frequent headaches. She reported numbness and tingling at the base of the neck and reported stiffness when moving her neck. She also reported bilateral shoulder and hand pain, constant stabbing pain in the mid and low back with radiation to the sternum and ribs, and intermittent burning pain in the lower extremities. She noted complete numbness in the right upper thigh, beginning in the right buttock and radiating to the knee. Physical exam noted no acute distress. She was ambulatory with a cane and able to sit comfortably for the exam. Tenderness was noted over the cervical, thoracic, and lumbar spine. Diminished range of motion was noted to the cervical and lumbar spine. Positive bilateral FABER and straight leg raise tests were noted. A magnetic resonance imaging report of the lumbar spine from 9/04/2013 was referenced as showing degenerative disc disease and facet arthropathy with retrolisthesis, L3-S1. Magnetic resonance imaging of the cervical spine from 9/04/2013 was referenced as showing degenerative disc disease with retrolisthesis, C5-C6, with C4-C6 mild canal stenosis. Current medications included Norco 10/325mg one daily as needed, Prilosec 20mg daily, Zofran 4mg as needed, Pamelor 25mg once daily, Neurontin 600mg twice daily, and Norflex ER 100mg twice daily. She reported pain as 6/10 with medication use, decreased from 10/10 without medication

use. On 10/30/2014, Utilization Review non-certified a prescription for Ondansetron 4mg #10, citing lack of compliance with Official Disability Guidelines, Orphenadrine citrate 100mg #60, noting lack of compliance with MTUS Guidelines, and CMI-Gabapentin 10% #1, noting the lack of compliance with MTUS Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron 4mg #10: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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)

**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 patients chart regarding the occurrence of chemotherapy medication induced nausea and vomiting. The adjustment of pain medications dosage could prevent nausea and vomiting.

#### **Orphenadrine citrate 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants ANTISPASTICITY DRUGS Page(s): 63, 66.

**Decision rationale:** According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that 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 lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm.

#### **CMI-Gabapentin 10% #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant).