

<b>Case Number:</b>	CM14-0029388		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 30-year-old woman who sustained a work-related injury on July 10, 2012. Subsequently, she developed chronic neck, shoulder, wrist, and low back pain. According to the progress report dated June 18, 2014, the patient continued to have persistent neck pain with radicular symptoms as well as upper extremity pain. The pain was characterized as sharp. There were associated headaches that were migrainous in nature as well as tension between the shoulder blades. The patient rated her pain as a 6/10. There was persistent pain in the left shoulder and in the wrists as well. The pain was characterized as throbbing. There was swelling of the wrists. There was also constant pain in the low back. The pain was characterized as sharp. There was radiation of pain into the lower extremities. She rated her pain as a 6/10. Examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. Range of motion: there was pain with terminal motion. Sensation was intact in the upper extremities. There was full strength in the deltoid, triceps, wrist extensors, wrist flexors, triceps, and finger extensors. Examination of the left shoulder revealed tenderness at the left shoulder anteriorly. Range of motion: there was pain with terminal motion. There was residual weakness of the left shoulder. Examination of the wrist/hand revealed tenderness at the first dorsal compartment and dorsal aspect of the wrists with swelling. There was a Finkelstein's sign. Range of motion: there was pain with terminal flexion. There was a weak grip. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Range of motion: there was pain with terminal motion. The patient was diagnosed with cervical radiculopathy, lumbar spine discopathy, carpal tunnel/cubital tunnel/double crush syndrome, status post left shoulder arthroscopy, and bilateral De Quervain's

syndrome. The provider requested authorization for Cyclobenzaprine Hydrochloride tabs, Ondansetron ODT tabs, and Quazepam.

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

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

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

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

**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 being 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 QTY 120 is not medically necessary.

#### **Ondansetron ODT tabs 8mg, #30 x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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): pages 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 #30 is not medically necessary.

#### **Quazepam 15 mg, #30:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore the use of 30 Quazepam 15mg is not medically necessary.