

Case Number:	CM15-0005094		
Date Assigned:	01/16/2015	Date of Injury:	05/02/2008
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 5/02/2008. The diagnoses have included cervical and lumbar discopathy, double crush syndrome, and status post right lateral epicondylar release. Treatment to date has included surgical intervention and conservative measures. Spinal surgery was noted on 8/22/2014. Currently, the injured worker complains of constant pain in the cervical spine, radiation of pain into the upper extremities, associated headaches, and tension between the shoulder blades. The pain was reported as improving, rated 6/10. Constant pain to bilateral shoulders, left greater than right was noted. The pain was reported as worsening, rated 7/10. Constant pain to bilateral elbows, right greater than left, was reported as worsening, rated 7/10. She reported difficulty sleeping. Inspection of the cervical spine showed a well healing incision, palpable paravertebral tenderness with spasm, positive Spurling's maneuver, and limited range of motion. The elbow showed tenderness about the olecranon groove, full but painful range of motion, and positive Tinel's sign. The shoulder showed tenderness around the anterior glenohumeral region and subacromial space and positive Hawkin's sign. Progress note, dated 2/18/2014, noted the use of Ondansetron and Cyclobenzaprine. A progress note, dated 4/08/2014, noted the use of Restoril. On 1/07/2015, Utilization Review non-certified a prescription request for Ondansetron 8mg #30, a prescription request for Cyclobenzaprine 7.5mg #120, and a prescription request for Eszopiclone 1mg #30. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 Mg Quantity Requested: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Ondansetron (Zofran®)

Decision rationale: The patient presents with cervical and lumbar discopathy, double crush syndrome, and status post right lateral epicondylar release. The current request is for Ondansetron 8 Mg Quantity Requested: 30.00. Ondansetron blocks the actions of chemicals in the body that can trigger nausea and vomiting. The treating physician states medication usage is for "PRN upset stomach, cramping, pain, nausea." The MTUS Guidelines do not address Ondansetron (Zofran). The ODG Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. In this case, it is not documented how long the patient has been prescribed Ondansetron but the documentation provided shows usage since at least 2/18/14 (B18). There is no documentation that the patient is undergoing chemotherapy or radiation treatment which are the only conditions that the ODG guidelines support Ondansetron usage. The current request is not medically necessary and the recommendation is for denial.

Cyclobenzaprine 7.5 Mg Quantity Requested: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-66.

Decision rationale: The patient presents with cervical and lumbar discopathy, double crush syndrome, and status post right lateral epicondylar release. The current request is for Cyclobenzaprine 7.5 Mg Quantity Requested: 120.00. Cyclobenzaprine is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to the brain. The MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. In this case, it is unclear how long the patient has been medicating with Cyclobenzaprine but it appears usage dates back till at least 2/3/14 (B7) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of this medication. Recommendation is for denial.

Eszopiclone (Lunesta) 1 Mg Quantity Requested: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Eszopicolone (Lunesta)

Decision rationale: The patient presents with cervical and lumbar discopathy, double crush syndrome, and status post right lateral epicondylar release. The current request is for Eszopicolone (Lunesta) 1 Mg Quantity Requested: 30.00. Eszopicolone (Lunesta) is used for treating sleeping problems with symptoms such as difficulty falling asleep and difficulty staying asleep during the night. The treating physician in the report dated 4/8/14 (B64) states the patient's "pain has made it hard for the patient to sleep." MTUS is silent regarding this treatment. The ODG guidelines Mental Illness & Stress chapter for Eszopicolone (Lunesta) states, not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. In this case, it is not clear how long the patient has been medicated with Eszopicolone but usage dates back to at least 4/8/14. ODG does not support on-going, long-term use of this medication. Recommendation is for denial.