

Case Number:	CM15-0006892		
Date Assigned:	01/22/2015	Date of Injury:	02/09/2011
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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
Certification(s)/Specialty: Internal 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 2/9/2011. She has reported right shoulder and back pain after pulling a patient out of bed. The diagnoses have included lumbosacral degenerative disc disease and disc displacement, cervical degenerative disc disease, lumbosacral spondylosis, thoracic degenerative disc disease, chronic pain syndrome, cervicgia, lumbago and back disorder. Treatment to date has included physical therapy, acupuncture, chiropractic care, home exercises and medication management. Currently, the IW complains of back, bilateral shoulder and bilateral knee pain. On 10/31/14 she was noted to have nausea with her pain meds. Treatment plan included Ondansetron Hcl 4 mg #10 and Cyclobenzaprine 7.5 mg #60. On 12/13/2014, Utilization Review non-certified review of Ondansetron Hcl 4 mg #10 and Cyclobenzaprine 7.5 mg #60, noting lack of medical necessity. The MTUS and Official Disability Guidelines were cited. On 01/9/2015, the injured worker submitted an application for IMR for Ondansetron Hcl 4 mg #10 and Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron HCL 4mg #10: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date online medical reference

Decision rationale: Ondansetron or zofran is a 5-HT₃ serotonin receptor antagonist which is used to treat nausea and emesis and is the most potent anti-nausea medicine to treat chemotherapeutic related nausea. It is generally well tolerated and can cause mild side effects such as headache, asthenia, dizziness and constipation. However it can prolong the QT interval which could cause cardiac arrhythmias, potentially life threatening. Therefore, it should be used in caution with patients with low K⁺, low Mg levels, CHF or with other meds that can cause QT prolongation. It could also cause cognitive, psychomotor or affective side effects. This particular patient is on both Norco and Ultram for chronic pain. Both these meds can cause nausea and emesis. It is beneficial for the patient to be able to take zofran if needed to tolerate the meds she needs for her treatment. Therefore the zofran is felt to be medically necessary and the UR decision is overturned.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date

Decision rationale: Flexeril or Ondansetron is a skeletal muscle relaxant and the literature notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes: drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue and confusion. The patient in question has a chronic pain condition that needs constant treatment and Flexeril is better suited to the treatment of acute pain. Also, this patient is already on Neurontin, Norco and Ultram for pain control. It is probable that the addition of Flexeril could possibly add a small amount of additional relief at the risk of a greater side effect profile. Therefore it is felt that the other pain medicine doses could be titrated up instead of adding this other agent. Therefore, the UR was appropriate in rejecting to certify this medicine.