

Case Number:	CM15-0107819		
Date Assigned:	06/12/2015	Date of Injury:	02/08/1997
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back and shoulder pain with derivative complaints of depression, anxiety, suicidal ideation, and fibromyalgia reportedly associated with an industrial injury of February 8, 1997. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for Flexeril and Zofran. The claims administrator referenced a RFA form received on May 13, 2015 in its determination, along with a progress note and associated progress note of April 23, 2015. The applicant's attorney subsequently appealed. On March 25, 2015, the applicant reported ongoing complaints of low back, leg, neck, and arm pain. The applicant was no longer working as flight attendant, it was acknowledged. The applicant was using both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported. The attending provider stated that the applicant was using Zofran for Suboxone-induced nausea. The note was very difficult to follow and mingled historical issues with current issues. 8-10/10 pain complaints were reported. The applicant's medications reportedly included Flexeril, Zofran, Celebrex, Neurontin, Robaxin, Ambien, Levoxyl, folate, Catapres, and Suboxone, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was further noted. Permanent work restrictions were renewed. The applicant had been given a 91% permanent partial disability rating, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) is 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, in fact, using a variety of other agents, including Catapres, Suboxone, Wellbutrin, Celebrex, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that 30-tablet renewal request for cyclobenzaprine represents treatment 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 is not medically necessary.

Ondansetron (Zofran) 8 mg with 2 refills #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding using of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, that however, that ondansetron (Zofran) is indicated in the treatment of nausea, vomiting, for cancer chemotherapy, radiation therapy, and surgery. Here, the attending provider framed the request as a request for Zofran to combat issues with Suboxone-induced nausea. This is not, however, an FDA-endorsed role for the same. ODG's Chronic Pain Chapter Antiemetics topic further notes that the usage of antiemetics for opioid-induced nausea is "not recommended" for nausea and vomiting caused by chronic opioid usage, as was apparently present here. The attending provider failed to furnish a clear or compelling rationale or medical evidence which would offset the unfavorable FDA and ODG positions on the article at issue. Therefore, the request is not medically necessary.