

<b>Case Number:</b>	CM15-0109058		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Florida, 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 injured worker is a 65-year-old female, who sustained an industrial injury on 8/9/07. She reported an injury to her head and right side of body following a box falling on her. The injured worker was diagnosed as having cervical radiculopathy, cervical degenerative disc disease, chronic neck pain status post-surgical fusion, cervical myofascial strain and cervical (HNP) herniated nucleus pulposus. Treatment to date has included acupuncture, chiropractic treatment, right shoulder arthroscopic subacromial decompression, Flanax, Tylenol, Flexeril, Anaprox, Norco and Naproxen; cervical fusion, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of head, neck pain with radiation to distal shoulder rated 7/10, shoulders and upper back pain with radiation down her right arm to wrist rated 7-8/10. She notes chiropractic treatment helped her pain and cervical epidural steroid injections provided temporary relief. Physical exam noted cervical paraspinal and right trapezius spasm with tenderness to palpation of CMP joints, bilateral hands, cervical paraspinals C3-7, left trapezius and tenderness to palpation over the cervical facet joints with limited range of motion. The treatment plan included request for authorization for (MRI) magnetic resonance imaging of cervical spine, Orphenadrine Citrate, laboratory studies and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Orphenadrine Citrate ER 100mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

**Decision rationale:** This claimant was injured back in 2007, now 8 years ago. There are neck issues. There is no mention of nausea. Chiropractic treatments help with pain. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is appropriately not medically necessary.