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| Case Number: | CM15-0130989 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 02/27/2003 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: New York

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 60 year old female, who sustained an industrial injury on 2/27/2003. The current diagnoses are status post partial lumbar laminectomy (1/7/2015), herniated nucleus pulposus L3-4 and L4-5 with stenosis, lumbar radiculopathy, and herniated nucleus pulposus of the cervical spine with stenosis, bilateral shoulder impingement bursitis, cervicogenic headaches, possible cervical pseudoarthrosis, and adjacent segment disease C3-4. According to the progress report dated 5/21/2015, the injured worker complains of constant, achy low back pain with radiation down bilateral lower extremities associated with tingling in her left lower extremity to the level of her foot. She notes muscle cramps to the foot. She rates her back pain 4/10 on a subjective pain scale. Additionally, she reports constant, achy neck pain that extends into her upper back. She reports intermittent radiation of numbness and tingling down both her arms. She rates her neck pain 6/10. The physical examination reveals tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles, decreased range of motion of the cervical spine, diminished sensation to the right C6 dermatome, and decreased motor strength in the left tibialis anterior. The current medications are Norco, Lyrica, Prevacid, Ranitidine, Fioricet/Codeine, Flexeril, and MS Contin. There is documentation of ongoing treatment with Cyclobenzaprine since at least 12/22/2014. Treatment to date has included medication management, heat/ice, physical therapy, massage, MRI studies, computed tomography scan, electrodiagnostic testing, TENS unit, chiropractic, acupuncture, epidural steroid injections, and surgical intervention. Work status is described as temporarily partially disabled times 6 weeks. A request for Cyclobenzaprine and Ondansetron has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine (Flexeril) be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Furthermore, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The addition of cyclobenzaprine to other agents is not recommended. In this case, the guidelines only recommend use of this medication for a short duration, and not longer than 2-3 weeks. However, there is documentation of ongoing treatment with Flexeril since at least 12/22/2014, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Flexeril is not medically necessary.

Ondanestron 4 mg Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Ondanestron (Zofran); Anti-emetics (for opioid nausea).

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

Decision rationale: The CA MTUS is silent regarding the use of Ondansetron. However, per the Official Disability Guidelines, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005). In this case, the Official Disability Guidelines does not support Ondansetron for nausea and vomiting secondary to chronic opioid use. It is [REDACTED] approved for nausea and

vomiting secondary to chemotherapy, radiation treatment, and/or postoperative use. The submitted medical records failed to provide documentation regarding chemotherapy, radiation, or postoperative care that would support the use of Ondansetron. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ondansetron (Zofran) is not medically necessary.