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| Case Number: | CM15-0135402 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 02/01/2010 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 33 year old female patient who sustained an industrial injury on 02/01/2010. The injured worker was employed as a policy service specialist who encountered cumulative trauma over the course of employment resulting in injury. A psychiatry visit dated 12/22/2014 reported current subjective complaints of constant pain in the cervical spine that radiates into the upper extremities. She also is with constant low back pain that radiates down lower extremities, worse on the right. There is intermittent bilateral shoulder, wrists pain. Current medications are: Buspirone, Theramine, Gabadone, Sentra AM, and PM, Prozac, Xanax, Tramadol, Gabapentin, Tizanidine, Totiramate, and Troteolin. She does have a known history of herniated lumbar spine disc and received treatment in the form of traction, physical therapy, and epidural injections. The following diagnoses were applied: cervical Radiculopathy, lumbar discopathy, carpal tunnel/double crush syndrome, and bilateral shoulder internal derangement. There was recommendation to obtain a magnetic resonance imaging study of cervical spine and bilateral shoulders as well as electric nerve conduction study of the lower extremities. There is recommendation to continue with Naproxen, Omeprazole, Ondansetron, Medrox, and Tizanidine. She is to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is Cyclobenzaprine and is sedating. According to MTUS guidelines, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with Cyclobenzaprine. Per the MTUS, Cyclobenzaprine Hydrochloride 7.5mg #120 is not indicated and is not medically necessary.

Ondansetron 8mg #30: 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, Anti-emetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the prescription of Ondansetron 8mg #30 is not medically necessary.