

<b>Case Number:</b>	CM15-0140609		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 9-10-2002. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post bilateral knee surgeries and total right hip surgeries. Treatments to date include medication therapy and epidural steroid injections. Currently, he complained of ongoing low back and bilateral knee pain. The Agreed Medical Examiner's Supplemental Report dated 3-10-15, documented no new acute physical findings. The appeal requested authorization of prescriptions for Doxepin 10mg #30; Cyclobenzaprine 10mg #60; Ondansetron 4mg #60; and Zubsolv 1.4-0.36mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 15.

**Decision rationale:** The patient was injured on 09/10/02 and presents with right hip pain, back pain, and knee pain. The request is for Doxepin 10 mg #30. There is no RFA provided and the patient is unable to work. None of the reports mention this medication nor is it known when the patient began taking it. The report with the request is not provided and the most recent report is dated 11/20/14. Doxepin is a tricyclic antidepressant drug used to treat sleep problems (insomnia). MTUS Guidelines, Tricyclic Antidepressants, page 15 states, Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS on page 122 states, Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The patient has mild swelling of the right knee, a mild limp, tenderness along the medial joint line, and decreased sensation of the right knee. He is diagnosed with status post bilateral knee surgeries (04/02/13) and total right hip surgeries (date not provided). The 11/20/14 report indicates that the patient presents with hypertension, insomnia, reflux, back pain, and degenerative disc disease. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Although MTUS also supports the use of this medication for insomnia, the treater does not specifically discuss efficacy of Doxepin on any of the reports provided. Due to lack of documentation, the request is not medically necessary.

**Cyclobenzaprine 10mg #60:** 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): 63-66.

**Decision rationale:** The patient was injured on 09/10/02 and presents with right hip pain, back pain, and knee pain. The request is for Cyclobenzaprine 10 mg #60. There is no RFA provided and the patient is unable to work. None of the reports mention this medication nor is it known when the patient began taking it. The report with the request is not provided and the most recent report is dated 11/20/14. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has mild swelling of the right knee, a mild limp, tenderness along the medial joint line, and decreased sensation of the right knee. He is diagnosed with status post bilateral knee surgeries (04/02/13) and total right hip surgeries (date not provided). MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. There is no indication that the patient will be using this medication on a short-term basis. It is unknown when the patient began taking this medication and an additional 60 tablets of Cyclobenzaprine may exceed the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.

**Ondansetron 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** The patient was injured on 09/10/02 and presents with right hip pain, back pain, and knee pain. The request is for Ondansetron 4 mg #60. There is no RFA provided and the patient is unable to work. None of the reports mention this medication nor is it known when the patient began taking it. The report with the request is not provided and the most recent report is dated 11/20/14. MTUS guidelines are silent on antiemetic medications, though ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states "Not recommended for nausea and vomiting secondary to chronic opioid use. 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." The patient has mild swelling of the right knee, a mild limp, tenderness along the medial joint line, and decreased sensation of the right knee. He is diagnosed with status post bilateral knee surgeries (04/02/13) and total right hip surgeries (date not provided). In this case, the treater has not indicated that the patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the requested Ondansetron is not medically necessary.

**Zubsolv 1.4/0.36mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Zubsolv (buprenorphine/naloxone).

**Decision rationale:** The patient was injured on 09/10/02 and presents with right hip pain, back pain, and knee pain. The request is for Zubsolv 1.4/0.36 MG #60. There is no RFA provided and the patient is unable to work. None of the reports mention this medication nor is it known when the patient began taking it. The report with the request is not provided and the most recent report is dated 11/20/14. ODG Guidelines, Pain (Chronic) Chapter, under Zubsolv (buprenorphine/naloxone) states that Zubsolv is "a recently FDA-approved medication for maintenance treatment of opioid dependence, is a once-daily sublingual tablet that offers higher

bioavailability that allows patients to use lower strength and reduce the amount of available drug for potential misuse and diversion." The patient has mild swelling of the right knee, a mild limp, tenderness along the medial joint line, and decreased sensation of the right knee. He is diagnosed with status post bilateral knee surgeries (04/02/13) and total right hip surgeries (date not provided). As of 11/20/14, the most recent report provided, the patient is taking Soma, Prilosec, Lisinopril, Ambien, and Norco. In this case, the patient does not present with opioid dependence as indicated by ODG Guidelines. The treater does not discuss why Zubsolv is being prescribed. There is no evidence that the patient's use of Norco is being stopped. It is not known why the treater is prescribing both an opiate, or Norco and Zubsolv. Therefore, the requested Zubsolv is not medically necessary.