

<b>Case Number:</b>	CM15-0142378		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 73 year old female, who sustained an industrial injury on 10-04-2007. On provider visit dated 06-04-2015 the injured worker has reported constant pain in cervical spine, pain in bilateral wrists and low back pain. On examination of the cervical spine revealed tenderness and spasm to palpation of paravertebral muscles, tingling and numbness into the anterolateral shoulder and arm which correlates with a C5 dermatomal pattern. Bilateral hands-wrists were noted to have tenderness over the volar aspect of the wrist, there was a positive palmar compression test with subsequent Phalen's maneuver and range of motion was noted as painful. Lumbar spine was noted to have pain and tenderness in the mid to distal lumbar segments, radicular pain component in the lower extremities was noted, range of motion was noted as guarded and restricted, tingling and numbness in the lateral thigh, anterolateral thigh, leg and foot, posterior leg and lateral foot, anterior knee, medial leg and foot as noted as well. The diagnoses have included lumbar discopathy, cervical radiculopathy-rule out residual carpal tunnel syndrome and cervicalgia. Treatment to date has included medication. The injured worker was noted to be able to work light duty. On 06-29-2015 the provider requested Ondansetron, Cyclobenzaprine Hydrochloride and Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Ondansetron (Zofran).

**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), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

**Decision rationale:** The claimant sustained a work-related injury in October 2007 and is being treated for radiating neck and low back pain and bilateral wrist pain. When seen, pain was rated at 6-8/10. Physical examination findings included a BMI of nearly 33. There was cervical and lumbar tenderness and cervical muscle spasms. There was Positive Spurling's testing and axial pain with cervical compression testing. There was decreased lumbar range of motion. There was painful wrist range of motion with wrist tenderness. Carpal compression and Phalen testing was positive. There was decreased lower extremity strength and numbness and tingling of the upper extremities and lower extremities. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol ER, there is no history of opioid induced nausea and it is being prescribed for nausea associated with headaches. Further classification and treatment of the claimant's headaches would be appropriate. The continued use of this medication was not medically necessary.

**Cyclobenzaprine hydrochloride tablets 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 (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in October 2007 and is being treated for radiating neck and low back pain and bilateral wrist pain. When seen, pain was rated at 6-8/10. Physical examination findings included a BMI of nearly 33. There was cervical and lumbar tenderness and cervical muscle spasms. There was Positive Spurling's testing and axial pain with cervical compression testing. There was decreased lumbar range of motion. There was painful wrist range of motion with wrist tenderness. Carpal compression and Phalen testing was positive. There was decreased lower extremity strength and numbness and tingling of the upper extremities and lower extremities. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

**Tramadol ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 2007 and is being treated for radiating neck and low back pain and bilateral wrist pain. When seen, pain was rated at 6-8/10. Physical examination findings included a BMI of nearly 33. There was cervical and lumbar tenderness and cervical muscle spasms. There was Positive Spurling's testing and axial pain with cervical compression testing. There was decreased lumbar range of motion. There was painful wrist range of motion with wrist tenderness. Carpal compression and Phalen testing was positive. There was decreased lower extremity strength and numbness and tingling of the upper extremities and lower extremities. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.