

Case Number:	CM15-0143277		
Date Assigned:	08/04/2015	Date of Injury:	01/20/2014
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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 50 year old male who sustained an industrial injury on 1-20-14 when he fell from a 5-foot height, landing on his left wrist. He was diagnosed with a fracture of the left wrist and underwent surgery for its repair. His wrist was placed in a cast for approximately one month following surgery. Following the cast removal, the injured worker was providing self-exercises. He started physical therapy in October 2014. On follow-up examination at that time, he complained that his wrist "felt smaller" and had intermittent numbness and tingling on the palm scar. He reported that his hand "felt weak" and was unable to do "heavy work". On his May 2015 examination, the wrist was noted to have limited motion and occupational therapy was recommended. He reported that his physician had told him that the "plate had a crack and the screw was loose". He complained of "sharp-shooting pain" inside the wrist with "too much exercise". He was not taking any medications at that time. X-rays were completed and found to have "no evidence of fracture or displaced screws" and the fracture of the radial bone was "well-healed and aligned". He was diagnosed with carpal tunnel syndrome and placed on a 30 pound weight lifting restriction. His treatment plan was to continue with home exercises and use medications on an "as needed" basis. On 6-24-15, the primary treating physician requested authorization for medications based on the 5-21-15 exam. One was Ondansetron ODT tablets, for nausea associated with headaches with chronic cervical spine pain. Another was Cyclobenzaprine for spasms noted during the examination. There is no documentation of these symptoms in the 5-21-15 notation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 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), Pain, 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) Pain (Chronic), Anti-emetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent wrist arthroscopy and an open reduction internal fixation of a distal radius fracture and first dorsal compartment release. Treatments have included postoperative physical therapy and medications. When seen, he was having constant left wrist and arm pain. Pain was rated at 5/10. Physical examination findings included decreased risk range of motion. Phalen's and Tinel's tests were positive. There was decreased radial digit sensation. Recommendations included a continued home exercise program. Medications being prescribed include extended release tramadol. Cyclobenzaprine 7.5 mg #120 was prescribed to be taken three times per day. 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 anti-emetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed tramadol, there is no history of opioid induced nausea. The use of this medication was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent wrist arthroscopy and an open reduction internal fixation of a distal radius fracture and first dorsal compartment release. Treatments have included postoperative physical therapy and medications. When seen, he was having constant left wrist and arm pain. Pain was rated at 5/10. Physical examination findings included decreased risk range of motion. Phalen's and Tinel's tests were positive. There was decreased radial digit sensation. Recommendations included a continued home exercise program. Medications being prescribed include extended release tramadol. Cyclobenzaprine 7.5 mg #120 was prescribed to be taken three times per day. 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 more than 3 weeks of use. There was no acute exacerbation and no documented muscle spasms. Prescribing was not medically necessary.