

Case Number:	CM15-0160528		
Date Assigned:	08/26/2015	Date of Injury:	01/27/2004
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, 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 53-year-old female, who sustained an industrial injury on 1-27-2004. Diagnoses have included cervical disc displacement, DeQuervain's-radial styloid tenosynovitis, and carpal tunnel syndrome. Treatment to date has included surgery, therapy and medication. According to the progress report dated 6-8-2015, the injured worker complained of constant pain in the cervical spine with radiation into the upper extremities. She complained of associated headaches that were migrainous in nature. She complained of pain in the right wrist-hand characterized as throbbing. Exam of the cervical spine revealed tenderness to palpation with spasm. Range of motion was limited by pain. Exam of the right wrist-hand revealed tenderness to palpation and positive palmar compression test. Authorization was requested for Ondansetron and Cyclobenzaprine HCL.

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 ODG-TWC Pain Procedure Summary.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #30 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are cervicalgia; trigger finger status post release; DeQuervains/radial styloid tenosynovitis status post surgery; carpal tunnel syndrome status post release; cervical disc displacement. The date of injury is January 27, 2004. Request for authorization is July 7, 2015. Utilization review dated August 15, 2014 shows the injured worker was prescribed Zofran 8 mg to address postoperative nausea and vomiting. Zofran was certified and cyclobenzaprine was partially certified at that time. According to a June 8, 2015 progress note, the injured worker has ongoing neck pain and hand pain. Objectively, there is tenderness palpation at the cervical paraspinal muscle groups. Medications are listed under a separate cover letter. A cover letter indicates Zofran is indicated. There is no clinical indication or rationale to refill Zofran 8 mg. The injured worker is not in the post-operative setting. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation with the clinical indication a rationale for Zofran, Ondansetron (Zofran) 8 mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicalgia; trigger finger status post release; DeQuervains/radial styloid tenosynovitis status post surgery; carpal tunnel syndrome status post release; cervical disc displacement. The date of injury is January 27, 2004. Request for authorization is July 7, 2015. Utilization review dated August 15, 2014 shows the injured worker was prescribed Zofran 8 mg to address postoperative nausea and vomiting. Zofran was certified and cyclobenzaprine was partially certified at that time. According to a June 8, 2015 progress note, the injured worker has ongoing neck pain and hand pain. Objectively, there is tenderness palpation at the cervical paraspinal muscle groups. Medications are listed under a separate cover letter. A cover letter indicates cyclobenzaprine is indicated. There is no clinical indication or rationale to refill cyclobenzaprine. Cyclobenzaprine was first prescribed August 15, 2014.

Cyclobenzaprine is indicated for short-term (less than two weeks). There is no documentation of muscle spasm in the medical record. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication and rationale for cyclobenzaprine and treatment continued in excess of the recommended guidelines for short-term use (approximately 10 months), cyclobenzaprine 7.5 mg #120 is not medically necessary.