

Case Number:	CM15-0026748		
Date Assigned:	02/19/2015	Date of Injury:	01/20/2006
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on January 20, 2006. She has reported neck and shoulder pain. The diagnoses have included rotator cuff dysfunction, cervical myofascial strain, and cervical intervertebral disc disorder with myelopathy. Treatment to date has included medications. Currently, the IW complains of shoulder pain. The records indicate the pain is controlled by medications. Physical findings reveal myospasms. The records indicate her pain is unchanged from previous examination. The records do not indicate complaint of nausea or vomiting. The Utilization Review indicates the injured worker is "completely in non-competitive in the work force and is not capable of returning to any reasonable physical capacity of working". On January 13, 2015, Utilization Review non-certified Chlordiazepoxide one as needed for severe spasms, quantity #10, and Zofran 4 mg, one three times daily as needed for nausea, quantity #30. The MTUS guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Chlordiazepoxide one as needed for severe spasms, quantity #10, and Zofran 4 mg, one three times daily as needed for nausea, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlordiazepoxide, ten count: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 24, 66.

Decision rationale: Benzodiazepines such as Chlordiazepoxide are not recommended for the chronic management of muscle spasm and pain due to the rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm. Long-term use is also not supported because long-term efficacy is unproven. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case the medication is authorized and used in the management of alcohol withdrawal. The UR Non-Cert is supported.

Zofran 4 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.FDA.gov/drugs

Decision rationale: Ondansetron (Zofran) is FDA approved for the nausea and vomiting associated with chemo and radiotherapy. It currently is not specifically approved for use for opioid related N/V. Additionally there is no information to support that there has been a history of N/V related to the use of medications. The UR Non-Cert is supported.