

Case Number:	CM15-0214156		
Date Assigned:	11/04/2015	Date of Injury:	08/08/2014
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 8, 2014. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for cyclobenzaprine and Zofran. An October 8, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On November 4, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was exercising, the treating provider contended. The applicant was using Norco for severe pain, Flexeril for muscle spasm, and Naprosyn for inflammation, the treating provider reported. The applicant was using an H-wave device, the treating provider suggested. The attending provider appealed the previously denied Flexeril. The attending provider contended that the applicant's ability to work, exercise, take care of the family all had been ameliorated as a result of ongoing medication consumption. The applicant was seemingly returned to regular duty work. On October 7, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant's medication list included Norco, Flexeril, Naprosyn, Prilosec, and Movantik, the treating provider reported. The applicant was returned to regular duty work. The applicant's gastrointestinal review of systems was negative for nausea and vomiting, the treating provider acknowledged. Zofran was nevertheless prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine (Flexeril) 7.5mg #60 (DOS: 10/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Norco and Naprosyn, the treating provider reported on October 7, 2015. The addition of cyclobenzaprine or Flexeril to the mix is not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ondansetron (Zofran ODT) 8mg #10: 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), Integrated Treatment/Disability Duration Guidelines, Pain (chronic) (updated 03/27/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines

U.S. Food and Drug Administration Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: Similarly, the request for Zofran (ondansetron) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. The FDA does not, thus, espouse usage of Zofran to ameliorate issues with nausea and vomiting associated with opioid therapy, i.e., the purpose for which Zofran was prescribed here. ODG's Chronic Pain Chapter Antiemetics topic likewise notes that antiemetics are not recommended to treat nausea and vomiting associated with opioid usage. Finally, the attending provider's October 7, 2015 progress note explicitly stated that the applicant denied issues with nausea and vomiting in the review of systems section of the report, arguing against the need for Zofran here. Therefore, the request was not medically necessary.