

Case Number:	CM15-0030092		
Date Assigned:	03/20/2015	Date of Injury:	10/26/1999
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: Arizona, California
 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 was a 62 year old male, who sustained an industrial injury, October 26, 1999. The injured worker previously received the following treatments toxicology laboratory studies, physical therapy, chiropractic services, acupuncture, music, TENS (transcutaneous electrical nerve stimulator) unit, aqua therapy, gym membership, Nizatidine, Cyclobenzaprine, Zofran, MS-Contin and Ibuprofen. The injured worker was diagnosed with postlaminectomy syndrome, thoracic intervertebral disc without myelopathy, lumbar disc displacement without myelopathy, encounter with long-term use of other medications and lumbago. According to progress note of the injured worker's chief complaint was low back pain with radiation of pain into both sides of the buttocks and the right aspect of the right lower extremity and inner thigh. The injured worker rated the pain as 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker has tolerable level of pain with medications. The physical exam noted straight left testing was negative b9 laterally and the Patrick's test was negative bilaterally. There was tenderness noted on palpation over the lumbar paraspinal muscles at approximately the T6 vertebral body and right trapezius muscle with evidence of spasm over the lumbar paraspinal and trapezius muscles and multiple trigger points identified. The treatment plan included prescription renewal for Cyclobenzaprine and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cylcobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for several months in combination with Morphine and Avinza. Continued use is not medically necessary.

Zofran 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); Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- anti-emetics and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses. The Zofran was prescribed due to opioids induced nausea. The Zofran is not medically necessary.