MAXIMUS Federal Services

Case Number:	CM15-0043384		
Date Assigned:	03/13/2015	Date of Injury:	02/08/1997
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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, Florida
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 54-year-old female who reported an injury on 02/08/1997. The mechanism of injury was the injured worker was bending over to move items in an aircraft closet and sustained injury to her back and right shoulder. The documentation of 12/23/2014 revealed the injured worker was utilizing Suboxone, Wellbutrin, gabapentin, Flexeril, and Zofran. The injured worker indicated she was utilizing Zofran secondary to Suboxone use. The injured worker was performing a home exercise program and had joined [redacted]. The current complaints included neck pain, bilateral shoulder pain, low back pain, and bilateral leg pain. The physical examination revealed pain with pressure over the facets process on the right. The injured worker had palpable myofascial bands. The diagnoses included postlaminectomy syndrome at L5-S1 and L4-5, and internal derangement of the right shoulder along with fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron (Zofran) 8mg #30, 2 refills: 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, Antiemetics (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 Chapter, ondansetron.

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for the treatment of nausea and vomiting secondary to opioid use. The clinical documentation submitted for review indicated the injured worker was experiencing nausea and vomiting secondary to opioid use. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for ondansetron (Zofran) 8mg #30, 2 refills is not medically necessary.

Methocarbamol (Robaxin) 750mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated the injured worker was utilizing Flexeril. There was a lack of documentation indicating a necessity for 2 muscle relaxants. The efficacy of the medication was not provided. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for methocarbamol (Robaxin) 750mg #90 is not medically necessary.