MAXIMUS Federal Services

Case Number:	CM15-0050570		
Date Assigned:	03/24/2015	Date of Injury:	11/03/2008
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 44 year old male with an industrial injury dated 11/03/2008. Her diagnosis was lumbosacral neuritis. Prior treatments include surgery, physical therapy and medications. She presents on 01/29/2015 with complaints of low back pain that radiates into the right side of the body. She rates the pain as 7 on a scale of 1-10. Physical exam revealed muscle tenderness with spasm of the lumbar spine. There was tingling and numbness in the lateral thigh and anterolateral leg and foot. The physician was requesting medications to include muscle relaxant and medication for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Ondansetron.

Decision rationale: Ondansetron (INN), originally marketed under the brand name Zofran, is a serotonin 5-HT3 receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery.It has little effect on vomiting caused by motion sickness, and does not have any effect on dopamine receptors or muscarinic receptors. In this case, there is no documentation indicating the claimant has issues with nausea and vomiting related to her medications. Medical necessity for the requested item is not established. The requested item is not medically necessary.

120 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Rexlaxants Page(s): 43.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.