

<b>Case Number:</b>	CM15-0056022		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury on 12/16/13. He subsequently reported a head injury. Diagnoses include closed head trauma. Diagnostic testing has included MRIs. Treatments to date have included prescription pain medications. The injured worker continues to experience headaches. A request for Ondansetron and Cyclobenzaprine Hydrochloride medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #30:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The 46 year old patient presents with constant headaches. The request is for Ondansetron 8MG #30. The provided RFA is dated 02/27/15 and the date of injury is 12/16/13. The patient's diagnoses include closed head trauma and cervalgia, per RFA. The patient's medications are Ondansetron, Cyclobenzaprine Hydrochloride, Sumatriptan, Omeprazole and Tramadol. The patient is working, per 01/21/15 report. Ondansetron (Zofran) 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. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The provider has not provided a reason for the request. It appears the provider is initiating the use of Ondansetron, as there is no prior mention of the medication in the provided medical reports. Official Disability Guidelines recommend Ondansetron only for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operative use and acute gastroenteritis. The medical records provided do not show that the patient presents with any of the requirements needed for this prescription. Therefore, the request IS NOT medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The 46 year old patient presents with constant headaches. The request is for Cyclobenzaprine Hydrochloride 7.5MG #120. The provided RFA is dated 02/27/15 and the date of injury is 12/16/13. The patient's diagnoses include closed head trauma and cervalgia, per RFA. The patient's medications are Ondansetron, Cyclobenzaprine Hydrochloride, Sumatriptan, Omeprazole and Tramadol. The patient is working, per 01/21/15 report. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The provider has not provided a reason for the request. Per provided medical reports, Cyclobenzaprine was prescribed to patient on physician report dated 12/05/14. MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The use of Flexeril has exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the request for Flexeril 10mg IS NOT medically necessary.