

<b>Case Number:</b>	CM15-0056895		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 33 year male old who sustained an industrial injury on 06/16/2010. Diagnoses include internal derangement of the knee and lumbago. Treatment to date has included medications and home exercise program. A physician progress note dated 02/10/2015 documents the injured worker has constant pain in the left knee, also has some swelling and buckling. Pain is characterized as throbbing. Pain is rated an 8 out of 10 on the pain scale. He has low back pain, and it is characterized as sharp and he has radiation of pain to his lower extremities. Pain is rated as 8 on a scale of 1-10. There is tenderness to palpation on examination of the paravertebral muscles with spasm. He has limited range of motion of the lumbar spine. His knee has tenderness in the joint line. Patellar grind test is positive. McMurray is positive, and range of motion is painful and there is crepitus present. Treatment plan is for medication refills, requesting Magnetic Resonance Imaging of the lumbar spine and awaiting left knee surgery authorization. Treatment requested is for Cyclobenzaprine HCL 7.5mg #120 Ondansetron 8mg ODT Qty: 30 and Fenoprofen calcium (Nalfon) 400mg TID #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium (Nalfon) 400mg TID #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is awaiting authorization for knee surgery for the treatment of exacerbation of the knee condition. There is documentation of significant pain relief with improvement of ADL and function with utilization of NSAIDs. The criteria for the use of Nalfon 400mg #120 was met and is medically necessary.

**Ondansetron 8mg ODT Qty: 30.00:** 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 chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiemetics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antiemetics can be utilized for short term treatment during chemotherapy and in perioperative/acute care setting. The incident of opioid induced nausea and vomiting diminishes over time during chronic treatment with opioids. The guidelines recommend that Ondansetron can be utilized during acute migraine attack. The records did not show that the Ondansetron if being utilized for guidelines recommended indications or duration of use. The criteria for the use of Ondansetron ODT 8mg #30 was not met and is not medically necessary.

**Cyclobenzaprine hydrochloride tablets 7.5mg Qty: 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 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized the muscle relaxants longer than the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of cyclobenzaprine HCL 7.5mg #120 was not met and is not medically necessary.