MAXIMUS Federal Services

Case Number:	CM15-0057963		
Date Assigned:	04/02/2015	Date of Injury:	04/18/2002
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, who sustained a work/industrial injury on 4/18/02. She has reported initial symptoms of neck and shoulder pain. The injured worker was diagnosed as having shoulder arthrodesis, brachial neuritis, cubital tunnel syndrome, and shoulder pain. Treatments to date included medication, therapeutic modalities, and surgery (anterior cervical fusion at C5-C6). Currently, the injured worker complains of persistent pain in the cervical spine that is affecting sleep. The treating physician's report (PR-2) from 2/4/15 indicated the cervical pain had worsened and there is radiation of pain into the upper extremities, which is burning. There are also associated headaches that are migrainous in nature as well as tension between the shoulder blades. Pain level is 9/10. The examination revealed tenderness in the paravertebral muscle with spasm. A positive axial loading test is evident. Spurling's maneuver is positive. There is extension of symptomology into the upper extremities with C4-5 root type pain and C6-7 dysesthesia noted. There is pain about the sternoclavicular region consistent with C4 distribution, tingling and numbness into the anterolateral shoulder and arm, which correlates with the C5 dermatomal pattern. Range of motion is affected with internal rotation and forward flexion of the shoulders. Treatment plan included Ondansetron and Dulexetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Antiemetics.

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

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. Therefore, the prescription of Ondansetron 8mg #30 is not medically necessary.

Dulexetine 30mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

Decision rationale: Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for back pain. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Duloxetine in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Duloxetine 30mg #60 is not medically necessary.