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| Case Number: | CM15-0084273 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 11/05/2012 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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, Indiana, 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 58 year old female, who sustained an industrial injury on 11/05/2012. She reported repetitive trauma type injury to bilateral upper extremities and neck. Diagnoses include cervicgia, carpal tunnel syndrome, and shoulder joint derangement. She is status post bilateral carpal tunnel release. Treatments to date include medication therapy, steroid injections, and physical therapy. Currently, she complained of neck pain rated 8/10 VAS, right shoulder pain rated 5/10 VAS, and ongoing wrist and hand discomfort rated 7/10 VAS. On 2/26/15, the physical examination documented cervical tenderness, decreased range of motion, and decreased sensation to middle finger near C7 dermatome. There was bilateral shoulder tenderness, positive Hawkins and impingement signs, with no evidence of instability. The plan of care included Ondansetron ODT 8mg as needed quantity #30 and Cyclobenzaprine Hydrochloride 7.5mg one tablet every eight hours, quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT as needed, #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 (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 section, Antiemetics.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg ODT #30 PRN is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are status post-bilateral carpal tunnel release; cervical discopathy; double crush syndrome; triggering left thumb. The earliest progress note in the medical records dated October 23, 2014. The documentation lists the subjective complaints of wrist and hand pain 6/10; cervical spine pain with the VAS pain scale 7/10; and right shoulder pain 8/10. The treating provider indicates the medical record the medications are listed on a separate cover letter. There is no documentation in the medical record of a couple letters containing a list of medications until March 2015. The most recent progress noted that record is February 26, 2015. The current medications do not appear in the February 2015 progress note. Medications first appear (as noted above) in the March 2015 progress note (cover letter). There is no documentation indicating the injured worker is receiving chemotherapy, radiation treatment, his post operative or as gastroenteritis. Zofran is not clinically indicated for opiates and nausea and vomiting secondary to chronic opiate use. Consequently, absent compelling clinical documentation with an appropriate clinical indication and rationale, Ondansetron (Zofran) 8 mg ODT #30 PRN is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg every 8 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg q8h #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are the injured worker's working diagnoses are status post bilateral carpal tunnel release; cervical discopathy; double crush syndrome; triggering left thumb. The earliest progress note in the medical records dated October 23, 2014. The documentation lists the subjective complaints of wrist and hand pain 6/10; cervical spine pain with the VAS pain scale 7/10; and right shoulder pain 8/10. Cyclobenzaprine appears in the March 2015 progress note. The earliest progress note in the medical record dated October 23,

2015 and progress notes through, but not including, March 2015 do not contain A list of current medications. It is unclear how long the injured worker has been taking cyclobenzaprine 7.5 mg. Cyclobenzaprine is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation in the medical record indicating the injured worker is suffering with an acute exacerbation of chronic low back pain. Additionally, the current prescription (request) for cyclobenzaprine 7.5 mg Q8 hours #120 exceeds the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation indicating the total duration of time the injured worker has been using cyclobenzaprine with guideline recommendations for short-term use (less than two weeks), no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Cyclobenzaprine 7.5 mg q8h #120 is not medically necessary.