

Case Number:	CM15-0087084		
Date Assigned:	05/11/2015	Date of Injury:	12/16/2013
Decision Date:	06/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 45-year-old male, with a reported date of injury of 12/16/2013. The diagnoses include neck pain, lumbar discopathy, status post concussion, chronic headaches, lumbar myofascial sprain, occipital head pain, intermittent bilateral lower extremity sciatica, rule out radiculopathy, and internal derangement of the right shoulder, rule out rotator cuff tear. Treatments to date have included oral medications, a computerized tomography (CT) scan of the brain, electro diagnostic studies of the bilateral upper extremities, an MRI of the cervical spine on 01/29/2015 which showed mild loss of disc signal and disc bulge, and an MRI of the lumbar spine on 01/29/2015 which showed congenitally short pedicles throughout the lumbar spine and mild degenerative changes. The progress report dated 03/11/2015 indicates that the injured worker had frequent pain in the cervical spine which was rated 7 out of 10, frequent pain in the right shoulder, which was rated 8 out of 10, and constant pain in the low back with radiation into the left lower extremity and rated 7 out of 10. The physical examination of the cervical spine showed tenderness to palpation of the paravertebral muscle with spasm, limited range of motion with pain, and tingling and numbness into the anterolateral shoulder and arm and lateral forearm and hand. An examination of the right shoulder showed tenderness around the anterior glenohumeral region and subacromial space and reproducible symptoms with range of motion. An examination of the lumbar spine showed tenderness and pain across the iliac crest into the lumbosacral spine and restricted and guarded range of motion. The treating physician requested Ondansetron 8mg #30, Cyclobenzaprine hydrochloride 7.5mg #120. On 04/01/2015, Utilization Review (UR) denied the request, noting that there was no documentation of recent surgery or

treatment for cancer; and there was no indication that the injured worker was currently experiencing an acute flare-up of symptoms, and the guidelines recommend use of cyclobenzaprine for only 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondasetron 8 mg ODT; one PRN #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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773.

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications is industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Ondasetron 8 mg ODT; one PRN #30 is not medically necessary and appropriate.

Cyclobenzaprine hydrochloride 7.5mg; one PO Q8H PRN #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, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to

support further use as the patient remains unchanged. The Cyclobenzaprine hydrochloride 7.5mg; one PO Q8H PRN #120 is not medically necessary and appropriate.