

Case Number:	CM15-0242226		
Date Assigned:	12/21/2015	Date of Injury:	04/13/1993
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/11/2015

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, Hawaii

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 57 year old female, who sustained an industrial injury on 4-13-93. The injured worker was diagnosed as having cervical radiculopathy, post-laminectomy syndrome, cervical disc displacement, cervical disc degeneration, myositis, and headache. Treatment to date has included a cervical epidural steroid injection and medication including Lyrica, Fentanyl patches, Valium, Cyclobenzaprine, and Ondansetron. The injured worker had been taking Flexeril, Valium, and Ondansetron since at least at least August 2015. On 11-24-15, the treating physician noted pain has made it difficult for the injured worker to perform activities of daily living including showering, cooking, cleaning, and dressing. Physical exam findings on 11-24-15 included trapezius tenderness with axial compression of the spine. Tenderness to palpation was also noted over the trapezius region. Cervical range of motion was restricted. Upper extremity reflexes were noted to be 1+ in the left biceps. Upper extremity sensation was diminished over the C5-6 dermatomes. Motor strength was noted to be 5 of 5 in all upper extremity muscle groups. On 11-24-15, the injured worker complained of neck pain with radiation to the thoracic spine and bilateral upper extremities. On 11-25-15, the treating physician requested authorization for Valium 2mg #45, Flexeril 7.5mg #90, and Ondansetron 4mg #60. On 12-2-15, the request for Valium was modified to certify a quantity of 15. All other requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #45: 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) Mental Illness & Stress: Benzodiazepine (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with neck pain with radiation to the thoracic spine and bilateral upper extremities. The current request is for Valium 2mg #45. The treating physician states, in a report dated 11/24/15, "Refill Valium tablet; 2 mg, 1 tab(s), orally, daily, 30 day(s), 45, Refills 0." (44B) The MTUS guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, long-term use of benzodiazepines is not supported by the MTUS Guidelines and the patient has been prescribed Valium since at least August 2015. The current request is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with neck pain with radiation to the thoracic spine and bilateral upper extremities. The current request is for Flexeril 7.5mg #90. The treating physician states, in a report dated 11/24/15, "Refill cyclobenzaprine tablet; 7.5 mg, 1 tab(s), orally, 3 times a day, 30 day(s), 90, Refills 0." (44B) The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, long-term use of Flexeril is not supported by the guidelines and the patient has been prescribed Flexeril since at least August 2015. The current request is not medically necessary.

Ondansetron 4mg #60: 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 (Chronic): Anti-emetics (for opioid nausea) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Chapter, Ondansetron (Zofran).

Decision rationale: The patient presents with neck pain with radiation to the thoracic spine and bilateral upper extremities. The current request is for Ondansetron 4mg #60. The treating physician states, in a report dated 11/24/15, "Refill Ondansetron tablet; 4 mg, 1-2 tab(s), orally, daily, 1 day(s), 60." (44B) The MTUS Guidelines do not address Ondansetron (Zofran). The ODG states the following for Anti-emetics: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug 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 post-operative use. Acute use is FDA-approved for gastroenteritis." In this case, the treating physician is prescribing this medication for nausea due to headaches, which is not supported by the ODG guidelines. The current request is not medically necessary.