

Case Number:	CM14-0123121		
Date Assigned:	08/08/2014	Date of Injury:	03/17/2011
Decision Date:	12/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of March 17, 2011. A utilization review determination dated July 14, 2014 recommends non-certification of Orphenadrine and Ondansetron. A progress report dated May 6, 2014 identifies subjective complaints of cervical spine pain that radiates to the right upper extremity, headaches, right shoulder pain associated with right arm tingling and numbness, and lumbar spine pain that radiates to the lower extremities which is associated with tingling and numbness. The patient is not currently taking any medications. Physical examination findings reveal paravertebral spasm in the cervical spine, positive axial loading compression test, and generalized weakness and numbness. Right shoulder examination reveals some tenderness in the anterior glenohumeral region and subacromial space. Lumbar spine examination reveals tenderness. Diagnoses include cervical/lumbar discopathy, right carpal tunnel/double crush syndrome, cervicalgia, and rule out internal derangement of the right shoulder. The treatment plan recommends physical therapy and acupuncture. Authorization is requested for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg ODT #30 one (1) PRN upset stomach/cramping/nausea, no more than two (2) day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetic's (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), Chronic Pain Chapter, Antiemetic's

Decision rationale: Regarding the request for Ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetic's are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested Ondansetron (Zofran) is not medically necessary.

Orphenadrine citrate #120 one (1) PO Q8H/PRN pain and spasm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no indication that this medicine is being used as a 2nd line option for the short-term treatment of acute exacerbations as recommended by guidelines. As such, the currently requested Orphenadrine (Norflex) is not medically necessary.