

<b>Case Number:</b>	CM14-0136275		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 and 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:

The injured worker is a 58 year old female with a reported date of injury on 07/31/2009. The mechanism of injury was a motor vehicle accident. The diagnoses included cervicgia. The past treatments included pain medication, trigger point injections and medial branch block. There were no diagnostic studies submitted for review. The surgical history included radiofrequency ablation on 02/14/2014. The subjective complaints on 04/16/2014 included neck pain rated at 8/10. The physical examination noted tenderness in the cervical spine and positive twitch response over right trapezius. The medications consisted of Flexeril, Zofran, Ultracet, and Norco. The notes indicate she has been on Flexeril since at least 03/17/2014. The plan was to continue and refill the medications. The rationale for the request was not provided. The request for authorization form was dated 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg Quantity: 10 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Zofran 8mg Quantity: 10 with 1 refill is not medically necessary. The Official Disability Guidelines state Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The guidelines also state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. The patient has chronic neck pain. There is no clear documented evidence in the notes that the injured worker had chemotherapy or radiation treatment. Additionally the rationale for the request was not provided. Furthermore, the request as submitted did not provide a frequency. In the absence of evidence that the injured worker underwent chemotherapy or radiation treatment the request is not supported by the evidence based guidelines.

**Flexeril 5mg Quantity: 90 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**Decision rationale:** The request for Flexeril 5mg Quantity: 90 with 1 refill is not medically necessary. The California MTUS Guidelines state Flexeril recommended for a short course of therapy and is not to be used longer than 3 weeks. The injured worker has chronic neck pain and the notes indicate she has been on Flexeril since at least 03/17/2014. As the injured worker has been on Flexeril since at least 03/17/2014 and has exceeded the recommended duration of use the request is not supported by the guidelines. As such, the request is not medically necessary.