MAXIMUS Federal Services

Case Number:	CM14-0140218		
Date Assigned:	10/14/2014	Date of Injury:	01/19/2012
Decision Date:	11/13/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal 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 patient is an injured worker with cervical spine, right shoulder, lumbosacral, and knee conditions. Date of injury was 01-19-2012. The patient is status post cervical spine surgery and knee meniscus arthroscopic surgery. Diagnoses include lumbar discopathy, right shoulder rotator cuff and labral tear, shoulder derangement, carpal tunnel syndrome, De Quervain's tenosynovitis, cubital tunnel syndrome, and left hip derangement. The progress report dated 7/14/14 documented subjective complaints of elbow pain. There is constant pain in the right elbow that is aggravated by lifting, gripping, grasping, pushing, pulling as well as torquing activities. The pain is characterized as throbbing. The patient's pain is worsening. On a scale of 1 to 10 the pain is a 8. There is constant pain in the bilateral knee that is aggravated by.squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing. The patient admits to some swelling and buckling. The pain is characterized as throbbing. The patient's pain is worsening. The pain is an 8/10. There is frequent pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, working at or above the shoulder level. The pain is characterized as burning. The patient's pain is unchanged. The patient is an 8/10. Objective findings were documented. The patient is in no acute distress. The patient's gait is intact. There is tenderness over the elbow about the olecranon groove, medial epicondyle, Tinel's sign is positive over the cubital tunnel. Range of motion is full but painful. There is no clinical evidence of instability. There is no apparent swelling. There is diminished sensation in the ulnar digits. There is tenderness in the knee joint line. Patellar grind test is positive. Anterior drawer test and posterior pivot shift test are negative. McMurray is positive. There is crepitus with painful range of motion. There is no clinical evidence of instability. There is no apparent swelling. Normal quadriceps and hamstrings strength. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Rotator cuff function

appears intact albeit painful. There is reproducible symptomatology with internal rotation and forward flexion. There is no clinical evidence of instability on exam. There is no apparent swelling. Diagnoses were internal derangement knee, joint derangement shoulder, cubital tunnel syndrome, lumbago, cervical spinal stenosis, and cervicalgia. Treatment plan included medications and physical therapy. Utilization review determination date was 8/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Ondansetron (ZofranÂ®) FDA Prescribing Information Zofran (Ondansetron) http://www.drugs.com/pro/zofran.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran (Ondansetron) was not being prescribed for postoperative use. The medical records do not support the use of Ondansetron (Zofran). Therefore, the request for Ondansetron 8mg # 30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 MG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49,Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle relaxants Page(s): 63-66, 41-42. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine http://www.drugs.com/pro/flexeril.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy

appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg # 120 is not medically necessary.

Tramadol ER 150 MG # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids Page(s): 93-94, 113, 123, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain.Medical records document that the patient is status post cervical spine surgery and knee meniscus arthroscopic surgery. Diagnoses include lumbar discopathy, right shoulder rotator cuff and labral tear, shoulder derangement, carpal tunnel syndrome, De Quervain's tenosynovitis, cubital tunnel syndrome, and left hip derangement. The patient has pain and objective evidence of pathology on physical examination and imaging studies. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Tramadol ER 150 MG # 90 is medically necessary.