

<b>Case Number:</b>	CM14-0143806		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Interventional Spine 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 a 31-year-old female with date of injury of 09/08/2013. The listed diagnoses per [REDACTED] from 10/28/2013 are: 1. Lumbago. 2. Painful hand/wrist. According to the only report provided, the patient was injured on the job due to a vehicular accident. The patient complains of "intermittent pain." The objective findings show the patient's lower back is rated 4/10 to 5/10. She reports right arm pain with headaches and left wrist and hand pain. No other findings were noted on this report. The utilization review denied the request on 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 8/01/14): Ondansetron 8mg #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; Pain Updated 7/10/14, Antiemetics (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) Ondansetron (Zofran®).

**Decision rationale:** This patient presents with generalized pain. The provider is requesting Ondansetron 8 mg #30. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on Ondansetron (Zofran) do not support antiemetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The patient was prescribed Ondansetron on 10/28/2013 for nausea associated with headaches due to chronic cervical spine pain. In this case, Ondansetron is only indicated for post-surgery nausea and vomiting and not for other nausea conditions. Recommendation is for not medically necessary.

**Retro (DOS 8/1/14) Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Page(s): 64.

**Decision rationale:** This patient presents with generalized pain. The provider is requesting cyclobenzaprine hydrochloride 7.5 mg #120. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2 to 3 weeks. The patient was prescribed cyclobenzaprine hydrochloride on 10/28/2013. In this case, MTUS does not support the long term use of this medication. Recommendation is for not medically necessary.

**Retro (DOS 8/1/14) Tramadol ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93, 94, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management and Opioids, long term assessment Page(s): 78, 88 and 89.

**Decision rationale:** This patient presents with generalized pain. The provider is requesting retrospective request for tramadol ER 150 mg #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument". MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 10/28/2013. None of the 31 pages of records provide medication efficacy. The provider does not provide pain scales. No specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS.

There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen. Recommendation is for not medically necessary.