

Case Number:	CM14-0144355		
Date Assigned:	09/12/2014	Date of Injury:	01/17/2011
Decision Date:	10/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	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, 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 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 discectomy, foraminotomy, and fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment to continue PT for cervical spine 3x6; medication refills of Dicofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS. The request(s) for Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90 were non-certified on 8/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ondansetron 4 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 chapter; Antiemetics (for opioid nausea), page 773: Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications (cancer pain).

Decision rationale: This 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 discectomy, foraminotomy, and fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment to continue PT for cervical spine 3x6; medication refills of Diclofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS. The request(s) for Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90 were non-certified on 8/7/14. Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury of 2011. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Retrospective request for Ondansetron 4 mg, #30 is not medically necessary and appropriate.

Retrospective request for Wellbutrin 150 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs):.

Decision rationale: This 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 discectomy, foraminotomy, and fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment to continue PT for cervical spine 3x6; medication refills of Dicofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS. The request(s) for Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90 were non-certified on 8/7/14. Although Wellbutrin (Bupropion), a second generation non-tricyclic antidepressant has been shown to be effective in the treatment of neuropathy, there was no evidence of efficacy in patients with non-neuropathic chronic low back pain. Submitted reports have not adequately demonstrated any specific objective findings of neuropathic pain on clinical examination and electrodiagnostic studies was essentially unremarkable. There is also no documented failed first-line treatment with tricyclics to support for this second-generation non-tricyclic antidepressant, Wellbutrin that has been non-certified previously. Reports have not shown any functional benefit from previous treatment rendered for this chronic injury of 2011. The Retrospective request for Wellbutrin 150 mg, #30 is not medically necessary and appropriate.

Retrospective request for Cyclobenzaprine 7.5 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 discectomy, foraminotomy, and fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment to continue PT for cervical spine 3x6; medication refills of Dicofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS. The request(s) for Retrospective request for Ondansetron 4 mg, #30, Retrospective request for Wellbutrin 150 mg, #30, and Retrospective request for Cyclobenzaprine 7.5 mg, #90 were non-certified on 8/7/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective request for Cyclobenzaprine 7.5 mg, #90 is not medically necessary and appropriate.