MAXIMUS Federal Services

Case Number:	CM14-0145374		
Date Assigned:	09/12/2014	Date of Injury:	06/05/2012
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Texas and Ohio. 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 31 year old female who reported injury on 06/05/2012. The mechanism of injury was lifting and twisting. Diagnoses included cervical discopathy, and cubital tunnel/double crush syndrome. The past treatments included physical therapy and medication. An x-ray of the cervical and thoracic spine, dated 08/09/2014, was noted to be within normal limits. The orthopedic evaluation, dated 08/09/2014, noted the injured worker complained of constant pain in the cervicothoracic spine radiating to her upper extremity, with paresthesia in the right upper extremity. The physical exam revealed cervicothoracic paravertebral muscle tension, positive axial load test, positive Spurling's maneuver, a positive Tinel's sign to the right cubital fossa, significant tenderness around the arcade of struthers with extension into the two ulnar digits, and a positive elbow flexion test. Medications included omeprazole, naproxen, and Tylenol. The treatment plan requested Neurodiagnostic studies of the upper extremities due to the combination of cervical root pain and cubital type symptomatology, a home exercise program, and medications including Naproxen 550mg every 12 hours for inflammation #100, Cyclobenzaprine 7.5mg every 8 hours as needed for muscle spasm #120, sumatriptan succinate 25mg as needed for headaches #9 x2, ondansetron ODT 8mg as needed for nausea #30 x2, Medrox ointment for temporary relief of minor aches and muscle pain, and omeprazole delayed release 20mg every 12 hours as needed for upset stomach and to prophylactically protect his stomach and prevent gastrointestinal complications from taking these medications #120, The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) TWC Pain

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.

Decision rationale: The request for Ondansetron 8mg #30 is not medically necessary. The injured worker had pain to her neck and upper back, and was prescribed omeprazole, naproxen and Tylenol. The Official Disability Guidelines state ondansetron is FDA approved for the treatment of nausea and vomiting secondary to chemotherapy and radiation, post-operative use, and acute gastroenteritis. It is not recommended for nausea and vomiting secondary to opioid use, noting that if nausea and vomiting is prolonged, other etiologies should be evaluated. The intended frequency of the medication was not included to determine medical necessity. The documentation provided gave no indication of ongoing nausea or vomiting, there were no signs of acute gastroenteritis. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the use of ondansetron is not supported at this time. Therefore, the request is not medically necessary.

Cyclobezaprine HCL 7.5mg #120: Upheld

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

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

Decision rationale: The request for cyclobenzaprine HCL 7.5mg #120 is not medically necessary. The injured worker's constant pain to her cervicothoracic spine radiates to her upper extremity, with paravertebral muscle tension. The California MTUS guidelines recommend Flexeril for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks, with noted limited, mixed evidence which does not allow for a recommendation of chronic use. Dosing recommendation is for 5 mg three times a day, and can be increased to 10 mg three times a day. The addition of Flexeril to other agents is not recommended. The intended frequency of the medication was not included to determine medical necessity. The 7.5mg dose possibly exceeds the recommendation for initial dosing, and the amount supplied would extend past the recommended 2-3 week course of treatment. The requesting physician's rationale for the request noted the medication was to be used for muscle spasms; however, there is a lack of documentation indicating the injured worker has muscle spasms. Given the previous, the use of cyclobenzaprine is not indicated at this time. Therefore, the request is not medically necessary.