

Case Number:	CM14-0149233		
Date Assigned:	09/18/2014	Date of Injury:	10/21/2010
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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:

According to the records made available for review, this is a 37-year-old female with a 10/21/10 date of injury and status post revision of left cubital tunnel release on 6/13/14. At the time (8/12/14) of request for authorization for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 and Ondansetron ODT tablets 8mg #30, there is documentation of subjective (constant pain in the left elbow) and objective (well-healing surgical incision of the left elbow with some erythema and cellulitis around the surgical site, stiffness due to immobilization, and some swelling) findings, current diagnoses (shoulder region disorder, cubital tunnel syndrome, cervicalgia, lumbago, and medial epicondylitis), and treatment to date (ongoing treatment with Cyclobenzaprine and Ondansetron since at least 9/12/13). Regarding Cyclobenzaprine Hydrochloride tablets 7.5mg #120, there is no documentation of acute exacerbation of chronic back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Regarding Ondansetron ODT tablets 8mg #30, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of shoulder region disorder, cubital tunnel syndrome, cervicalgia, lumbago, and medial epicondylitis. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 9/12/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not medically necessary.

Ondansetron ODT tablets 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

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) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of shoulder region disorder, cubital tunnel syndrome, cervicalgia, lumbago, and medial epicondylitis. In addition, there is documentation of ongoing treatment with Ondansetron. However, there is no documentation of nausea and vomiting secondary to chemotherapy and

radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT tablets 8mg #30 is not medically necessary.