

<b>Case Number:</b>	CM14-0092758		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family 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:

This is a 31-year-old male who reported an industrial injury to the right shoulder on the/12/2013, 16 months ago, attributed to the performance of his usual and customary job tasks. The patient was initially treated conservatively; however, was subsequently taken to surgery for a right shoulder arthroscopic SLAP repair/Bankart repair, capsulorrhaphy, and posterior capsulorrhaphy. The patient reports persistent postoperative pain to the right shoulder that radiates down the biceps. The objective findings on examination included minimal neurological complaints; flexion 90 degrees; abduction 60 degrees; internal rotation 55 degrees external rotation 45 degrees, tenderness to the glenohumeral joint along the biceps tendon. The MR arthrogram dated 5/23/2014 showed no evidence of a rotator cuff tear; anchor artifact of skiers the SLAP repair and the Bankart repair. The patient was treated postoperatively with medications, corticosteroid injection, oral steroid taper, and a home exercise program. The patient was prescribed cyclobenzaprine; Zofran; and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5 mg, QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chronic pain chapter 2008 page 128; muscle relaxant; Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

**Decision rationale:** The prescription for Flexeril (cyclobenzaprine) 7.5 mg is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic post-operative shoulder pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #60 for the post-operative shoulder.

**Zofran 8 mg, QTY: 10:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Pain Chapter opioids; Ondansetron

**Decision rationale:** The requesting treating physician provided no objective evidence to support the medical necessity of the prescribed Zofran/Ondansetron for nausea or vomiting. The prescription of Zofran for episodes of nausea and vomiting allegedly due to the prescribed medications or postoperatively is not medically necessary. Ondasetron is typically prescribed for the nausea and vomiting associated with chemotherapy and is not medically necessary for nausea suggested to be caused by medication side effects. Zofran is specifically not recommended for the treatment of nausea and vomiting due to chronic opioid use. There is no documentation of any medication caused such side effects or the use of typical generic medications generally

prescribed for nausea or vomiting. The prescription was provided without objective evidence of medication side effects or any relation to the effects of the industrial injury. There is no documentation of the failure of more common anti-emetics. The prescription of Zofran is recommended only for the nausea and vomiting associated with chemotherapy and is not FDA approved for the use of general nausea secondary to medications in pain management. The use of the Zofran for the effects of the industrial injury is not supported with objective evidence that demonstrates medical necessity over conventionally prescribed anti-emetics. The patient is being prescribed Ondansetron for an off label purpose and does not meet the criteria recommended for the use of the anti-nausea medications developed for chemotherapy side effects. There is no demonstrated medical necessity for Zofran 8 mg #10.

**Colace 100 mg, QTY: 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter opioids American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-16

**Decision rationale:** The prescription of Colace 100 mg #20 is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient has been discontinued from opioids by the treating physician; therefore, there is no medical necessity for the Colace. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for mechanical back pain. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Colace, Docusate Sodium, was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Colace is demonstrated to be medically necessary with the prn use of Hydrocodone and is not medically necessary for the treatment of the reported chronic back pain. The provider identified Opana ER that may lead to constipation for which Colace was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Colace. There is no demonstrated medical necessity for the Colace 100 mg #100.