

Case Number:	CM15-0001446		
Date Assigned:	01/15/2015	Date of Injury:	09/16/2010
Decision Date:	03/26/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 09/16/2010 due to an unspecified mechanism of injury. A Request for Authorization letter dated 11/26/2014 stated that the injured worker was taking ondansetron ODT tablets for nausea as side effects to cyclobenzaprine and other analgesic agents. Documentation also shows that she was taking Cidaflex tablets and levofloxacin tablets, as well as omeprazole delayed release. No other recent clinical history was provided for review regarding her signs and symptoms, subjective complaints, or objective examination findings. The treatment plan was for ondansetron ODT 8 mg #30 with 2 refills, Medrox pain relief ointment 120 gm 2 refills, and cyclobenzaprine hydrochloride 7.5 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondanestron ODT 8mg, #30, 2 refills (DOS 08/13/2012): 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) Antiemetics

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 Official Disability Guidelines do not recommend antiemetics for the treatment of nausea due to medication use. The documentation provided indicates that the injured worker was using ondansetron for nausea brought on by her medication use. This rationale is not supported by the guidelines, and therefore, the medication is not supported. In addition, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Medox pain relieved ointment 120gm, 2 refills (DOS 08/13/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,112,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided did not indicate that the injured worker had tried and failed antidepressants or anticonvulsants to support the request for a topical analgesic. Also, the frequency of the medication was not provided within the request, and refills would not be supported by the guidelines without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120 (DOS 08/13/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants are recommended for the short term symptomatic relief of low back pain. Further clarification is needed regarding how long the injured worker was using this medication. Without this information, the medication would not have been supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.