

Case Number:	CM15-0011049		
Date Assigned:	01/29/2015	Date of Injury:	05/27/2010
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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
 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 60-year-old male who reported injury on 05/27/2010. The mechanism of injury was repetitive motion. The injured worker underwent shoulder surgery and an L4-S1 interbody fusion. Prior therapies included physical therapy, knee surgery, epidural steroid injection, medications, and a TENS unit. The documentation indicated the injured worker had utilized the medication ondansetron and cyclobenzaprine since at least 04/14/2014. The documentation of 12/09/2014 revealed the injured worker had constant pain in the cervical spine. The pain was characterized as sharp. The injured worker had pain in the right shoulder and low back. The physical examination revealed the injured worker had a Spurling's maneuver that was positive and a positive axial loading compression test. The injured worker had palpable paravertebral muscle tenderness with spasms in the cervical spine and lumbar spine. The sitting root test was negative. The diagnoses included joint derangement NOS shoulder status post surgery, cervicalgia, and lumbago. The treatment plan included a refill of the medications. The documentation indicated the medications were improving the injured worker's activities of daily living and making it possible for him to continue working and/or maintain activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 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: Anti emetics (for opioid nausea)

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, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. They are recommended for postsurgical use and for chemotherapy induced nausea, but not for pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 04/2014. There was a lack of documented efficacy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron ODT 8mg #30 is not medically necessary.

Cyclobenzaprine/Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle relaxants

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time, since approximately 04/2014. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine/Hydrochloride 7.5mg #120 is not medically necessary.