

Case Number:	CM15-0037825		
Date Assigned:	03/06/2015	Date of Injury:	05/06/2013
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 47-year-old male who sustained an industrial injury on 05/06/2013. Current diagnosis includes disc disorder-lumbar. Previous treatments included medication management and total hip arthroplasty on 09/05/2014 and 06/02/2015. Report dated 02/11/2015 noted that the injured worker presented with complaints that included constant low back pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for Ondansetron, cyclobenzaprine, and eszopiclone, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg quantity 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, Pain (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention and treatment of chemotherapy-induced nausea and vomiting by Paul Hesketh, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain and bilateral hip pain. The patient underwent hip resurfacing. This review covers a request for nausea treatment with Ondansetron 8 mg. This medication may be medically indicated for the short-term management of severe nausea associated with chemotherapy or in some post-operative settings. Prolonged use of the medicine is not recommended. The FDA has issued a warning about high dose Ondansetron causing arrhythmias and QT wave prolongation. The documentation does not support ongoing use of this particular medication.

Cyclobenzaprine 7.5mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic hip and low back pain. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Side effects of cyclobenzaprine include sedation and may lead to injuries from falling. The medical documentation does not state any return to function from this medication. Ongoing use of cyclobenzaprine is not medically indicated.

Eszopiclone 1mg, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, PhD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain and bilateral hip pain. Experts in treating insomnia recommend treating any underlying substance abuse disorder, medical problem, or psychiatric condition in order to alleviate obstacles to achieving restorative sleep. A combination of behavioral, cognitive and pharmacologic approaches are recommended next. Experts also recommend a tapering of any medication over an 8-week period. The documentation does not make clear what diagnostic or therapeutic efforts have already taken place for the sleep disturbance. Based on the documentation eszopiclone is not medically indicated.