

<b>Case Number:</b>	CM15-0041365		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic neck, wrist, and low back pain reportedly associated with an industrial injury of July 26, 2012. In a Utilization Review report dated February 9, 2015, the claims administrator failed to approve requests for ondansetron and cyclobenzaprine. The claims administrator referenced a RFA form received on January 26, 2015 in its determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of neck and left upper extremity pain, 8/10 with medications versus 10/10 without medications. Ongoing complaints of neck, low back, and wrist pain were reported. The applicant was working without restrictions, it was acknowledged. Flexeril and Fioricet were apparently endorsed. In a January 26, 2015 RFA form, fenoprofen, Prilosec, Zofran, cyclobenzaprine, tramadol, and Lunesta were prescribed. Little-no-narrative commentary accompanied the RFA form. On January 15, 2015, the same medications were again endorsed through preprinted checkboxes, with little-to-no attached narrative commentary. On January 8, 2015, the applicant reported multifocal complaints of neck, low back, shoulder, and hip pain. The attending provider stated that he was prescribing unspecified medications under separate cover. MRI imaging of the cervical spine, physical therapy, and MRI imaging of the lumbar spine were endorsed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 ondansetron 8mg: 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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT<sub>3</sub> receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** No, the request for ondansetron (Zofran) was/is not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's having had recent cancer chemotherapy, radiation therapy, and/or surgery. It is further noted that the attending provider's January 8, 2015 progress note made no mention of the applicant's personally experiencing any issues with nausea and/or vomiting. Therefore, the request is not medically necessary.

**120 cyclobenzaprine 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Zofran, Prilosec, fenopfen, tramadol, Lunesta, Fioricet, etc. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.