

Case Number:	CM15-0077455		
Date Assigned:	04/29/2015	Date of Injury:	02/16/2010
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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: Emergency 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 injured worker is a 64 year old, male who sustained a work related injury on 2/16/10. The diagnoses have included myalgia/myositis, neuralgia/radiculitis, reflex sympathetic dystrophy, mid back pain and cervical disc degeneration. The treatments have included oral medications, physical therapy, home exercises, acupuncture, neurodiagnostic studies, MRIs, and psychiatric treatment. In the Encounter Note dated 3/3/15, the injured worker complains of chronic, stable neck and low back pain. He states the pain is well managed with a healthy diet, stretching and oral medications. The treatment plan is refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG 1 Tab Orally At Bedtime #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine 10 MG 1 Tab Orally At Bedtime #15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic, stable neck and low back pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 10 MG 1 Tab Orally At Bedtime #15 is not medically necessary.

Zofran 8 MG 1 Tab Orally Daily As Needed #30 with 2 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran).

Decision rationale: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines. The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran). The Expert Reviewer's decision rationale: The requested Zofran 8 MG 1 Tab Orally Daily As Needed #30 with 2 Refills, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has chronic, stable neck and low back pain. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Zofran 8 MG 1 Tab Orally Daily As Needed #30 with 2 Refills is not medically necessary.