

<b>Case Number:</b>	CM15-0093974		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Hawaii  
 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 sustained an industrial injury on 02/21/2013. On provider visit dated 03/06/2015 the injured worker has reported cervical spine pain and stiffness, right shoulder pain, right wrist pain, right hip pain, and right ankle and foot pain. On examination of the cervical spine range of motion was noted as painful. Right shoulder tenderness to palpation was noted, positive Hawkins and Impingement signs were noted. Right upper extremity was noted to have symptomatology in the right upper extremity noting reproducible pain with range of motion in elbow, and a positive Tinel's sign was noted. Right wrist, right hip and right ankle revealed tenderness to palpation and painful range of motion. The diagnoses have included status post C3 through C7 cervical hybrid reconstruction, cervicgia, lumbar discopathy, carpal/double crush syndrome with partial rotator cuff tear, rule out internal derangement bilateral hips and right foot and ankle sprain with Achilles tendinitis and plantar fasciitis. Treatment to date has included home exercise program and medications. The injured worker was noted to be working. The provider requested Cyclobenzaprine hydrochloride tablet and ondansetron 8mg ODT for symptoms management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tablets 7.5 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The patient continues to complain of frequent pain in the cervical spine, stiffness, headaches, along with radiation of pain to the right upper extremity. There are additional complaints of right ankle and foot pain. The current request is for Cyclobenzaprine Hydrochloride tabs 7.5mg #90. The MTUS does recommend Cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. In this case, the April 2, 2015 attending physician report indicates that Cyclobenzaprine is being prescribed to the patient for the palpable muscle spasms noted during examination. The attending physician further notes that the patient is aware this medication should only be taken in short course for acute spasms. However, reviewing the examination findings, there is no documentation that the patient is having muscle spasms in any of the areas of complaint. For this reason, the available medical records fail to establish medical necessity. As such, recommendation is for denial.

**Ondansetron 8 mg ODT #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 (ODG), pain, anti-emetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines Pain Chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The patient continues to complain of frequent pain in the cervical spine, stiffness, headaches, along with radiation of pain to the right upper extremity. There are additional complaints of right ankle and foot pain. The current request is for Ondansetron 8mg ODT #30. The MTUS Guidelines do not address Zofran (Ondansetron). The ODG Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea from headaches secondary to neck pain. In this case, the attending physician report dated April 2, 2015 indicates the Ondansetron is being prescribed for nausea related to the headaches associated with chronic cervical spine pain. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. As such, recommendation is for denial.

