

Case Number:	CM15-0098013		
Date Assigned:	05/29/2015	Date of Injury:	07/08/2014
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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 63 year old female, who sustained an industrial injury on 7/8/2014. She reported a fall injury which resulted in left leg fracture, and head pain from hitting her head. The injured worker was diagnosed as having left leg osteoarthritis, cervical radicular pain. Treatment to date has included medications, walker, and fracture repair of left leg, functional capacity evaluation, and physical therapy. The request is for Cyclobenzaprine and Ondansetron. The records indicated she has been utilizing Omeprazole and Diclofenac XR since at least July 2014. On 2/6/2015, she complained of left knee pain rated 7/10 and is sharp in nature. She indicated the pain to be aggravated with prolonged walking. She reports getting some relief with medications and rest. Physical examination revealed painful hardware of the left knee. The treatment plan included: diclofenac, Omeprazole, and functional capacity evaluation. On 3/13/2015, she complained of the left knee pain. She described the pain as sharp and intermittent. On 4/17/2015, she has continued left knee pain without any significant improvement. Physical examination revealed a well healed scar, positive tenderness over the hardware, normal motor testing, tenderness to the medial joint line, mild lateral joint line tenderness, varus valgus laxity, mild valgus instability from the fracture itself compared to the right knee. The treatment plan included: Lidocaine and Dexamethasone injection into the knee, Cyclobenzaprine, and Ondansetron. The records do not describe the effect of these medications. The records do not indicate she had ongoing issues with nausea or vomiting. The records do not indicate how these medications affect her functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants (for pain).

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

Decision rationale: The 63 year old patient presents with moderate to severe left knee pain, as per progress report dated 04/17/15. The request is for CYCLOBENZAPRINE 75mg #90. The RFA for the case is dated 04/21/15, and the patient's date of injury is 07/8/14. Diagnoses, as per progress report dated 04/17/15, included degenerative joint disease of left knee, painful hardware in left knee, and head injury. The patient is status post left knee open reduction, internal fixation, and tibial plateau fracture. Medications included Cyclobenzaprine and Ondansetron. As per progress report dated 02/26/15, the patient also suffers from cervical radiculopathy, and rates the left knee pain at 7/10. The patient is temporarily totally disabled unless work restrictions are accepted, as per progress report dated 04/17/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Cyclobenzaprine is only noted in progress report dated 04/17/15 and is being prescribed for "muscle spasms." None of the prior reports document the use of this medication. There is no documentation of efficacy as well. Nonetheless, MTUS only recommends short-term use of cyclobenzaprine. Hence, the treater's request for #90 appears excessive and IS NOT medically necessary.

Ondansetron 4mg #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 (Chronic), Antiemetics.

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

Decision rationale: The 63 year old patient presents with moderate to severe left knee pain, as per progress report dated 04/17/15. The request is for ONDANSETRON 4mg #30. The RFA for the case is dated 04/21/15, and the patient's date of injury is 07/8/14. Diagnoses, as per progress report dated 04/17/15, included degenerative joint disease of left knee, painful hardware in left

knee, and head injury. The patient is status post left knee open reduction, internal fixation, and tibial plateau fracture. Medications included Cyclobenzaprine and Ondansetron. As per progress report dated 02/26/15, the patient also suffers from cervical radiculopathy, and rates the left knee pain at 7/10. The patient is temporarily totally disabled unless work restrictions are accepted, as per progress report dated 04/17/15. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is "Not recommended for nausea and vomiting secondary to chronic opioid use." In this case, a prescription for Ondansetron is only noted in progress report dated 04/17/15 and is being prescribed "to counter effect nausea from NSAID prophylaxis." Prior progress reports document the use of Diclofenac and Omeprazole. The treater does not explain the reason for this switch. Nonetheless, ODG guidelines recommend Ondansetron only for post-operative use and in patients suffering from nausea and vomiting secondary to chemotherapy and radiation treatment. The medication is not indicated for nausea secondary to headaches and cervical pain. Hence, the request IS NOT medically necessary.