

<b>Case Number:</b>	CM13-0013801		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 24 year-old female sustained an injury after being involved in a motor vehicle accident and was rear-ended while driving an ambulance on 9/6/11 during employment with [REDACTED]. Per the Two Week Functional Restoration Progress Report (Weeks 1-2 of the 7 week program 7/15/13 - 7/26/13) from [REDACTED], after the MVA, emergency department evaluation noted x-rays of the chest was negative with possibility of questionable rib fracture. Conservative treatment has included medications, physical therapy, diagnostic MRI of the c/s, t/s, l/s were unremarkable, electrodiagnostic of the upper extremities were normal, failed TENS trial, Epidural steroid injections at T12-L1 in July 2012, Medial branch block in October 2012, chiropractic care, and modified light duty. There is overall report of improved mood, gains in number of minutes engaged in various stretching and aerobic exercises, and decreased pain medication use although pain scale is rated at 7-8/10 for the neck, mid and low back. The patient was started on Trazadone for sleep and Cymbalta was increased for pain and mood, with Imitrex for migraines and Zolfran for nausea. The plan was to decrease the Percocet. Requests included additional FRP sessions along with numerous added medications which were partially-certified by UR Anesthesiology physician, [REDACTED] on 8/9/13, for one-month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. Cymbalta may be an option in patients with coexisting diagnosis of major depression that is not the case here with MVA injury of 9/6/11 with unremarkable diagnostic MRIs of the cervical, thoracic, and lumbar spine and normal Electrodiagnostic testing of the upper extremities. Functional Restoration update report from [REDACTED] had noted patient with non-specific improved mood;; however, there is no documented failed trial with first-line TCAs or any diagnosis of depression. is not medically necessary and appropriate. The patient received one month supply of Cymbalta 60mg; however, there is no documented functional improvement derived from treatment already rendered. The Cymbalta 60mg is not medically necessary and appropriate.

**Imitrex:** 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), Head Chapter, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

**Decision rationale:** Imitrex Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from [REDACTED] has no documentation for medical necessity of this medication and how it relates to the industrial injury under review. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. There is no history of head trauma and cervical spine MRI and EMG/NCV of the cervical spine and upper extremities are unremarkable. One month trial of Imitrex has not resulted in any documented functional improvement in pain relief or clinical findings as the patient continues with 8/10 pain scale without objective changes. Medical necessity has not been established or demonstrated from the submitted reports. Imitrex is not medically necessary and appropriate.

**Trazadone 25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Latest report available from [REDACTED] has demonstrated functional benefit derived from the one month of certified prescription. Trazodone 25 mg is not medically necessary and appropriate.

**Zofran:** 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 chapter; Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics.

**Decision rationale:** Ondansetron (Zofran) is an antiemetic, serotonin 5-HT<sub>3</sub> receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, radiotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extrapyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted claim for this September 2011 injury. The medical report from [REDACTED] has not adequately documented the medical necessity of this antiemetic medication. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. Zofran is not medically necessary and appropriate.