

Case Number:	CM13-0021948		
Date Assigned:	11/13/2013	Date of Injury:	06/28/2012
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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:

The patient is a 51 year old male injured on 6/28/12 while working as a refrigerator mechanic when he slipped off a ladder while climbing on his truck, hitting his face and falling onto pavement. He sustained facial and dental trauma, complained of headaches, dizziness, vertigo and soft tissue trauma to left leg. PTP notes of 12/12/12 reveals patient with vertigo, headaches and pain in posterior scalp with findings of deviated septum, with compression of nasal bone and hypertrophy of inferior turbinates. CT and MRI brain of 2012 were negative except for some scattered areas of c/w small vessel eschemic diseases. Had PMH of HTN. EEG of 2012 normal; CT orbits showed moderate nasal septal deviation. 7/18/13 PR2 reveals ongoing depression. Patient treated with PT, vestibular training, psychotherapy and oral medications including Vicodin, IBP, Norco, Ondansetron; Carisoprodol, Cymbalta. He had surgical repair of mandibular fracture. PTP notes on 8/7/13 diagnosis patient with post-traumatic vertigo and right occipital neuralgia. Treating doctor notes on 8/15/13 states patient has nausea and discontinued Topiramate on 8/15/13. On 8/30/13 treating doctor report indicates the need for the 4 medications requested and that these medications were providing continuing treatment benefit with no side effects to the patient. Authorization requested for Ondansetron 4mg #150 2-1-2; HC/APAP 10 325 #120 1 q4h prn; Carisoprodol 350 mg #120 1 q4h prn and Cymbalta 60 mg #30 1 qhs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #150 2-1-2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Zofran, and Drugs. 1996 Nov;52(5):773-94. Ondansetron. A review of its pharmacology and preliminary clinical findings in novel applications. Wilde MI, Markham A.

Decision rationale: CA MTUS does not address ondansetron. ODG pain chapter states that this medication is to treat nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use. This patient has no record of recent surgery nor need for post chemotherapy or radiation sickness. The original UR denied the medication stating it was being used for opioid induced nausea. It appears that his vertigo is causing his nausea. Zofran has shown that it may help with nausea caused by vertigo and is used in typical standard of care, but there is no specific guidelines or FDA indications for its use in this manner, also there is documentation from the PTP response to the UR that the patient has tried other first line treatments requiring the need for Zofran. It is therefore medically necessary.

Hydrocodone/APAP 10/325mg #120 q4h prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The patient has had an occipital nerve block that gave him 90% relief in pain. Continued opioid use is not recommended per MTUS and PTP has stated that he expects pain management to taper opioid medication on July 18, 2013 note.

Carisoprodol 350mg #120 1 q4h prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: CA MTUS chronic pain guides page 29 state that Carisoprodol is not recommended, and is not indicated for long term use. As the guides specifically do not recommend this medication, it is not medically necessary.