

<b>Case Number:</b>	CM13-0050005		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert 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 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/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 application for independent medical review was signed on November 8, 2013. There was a modification recommendation. The date of injury was February 24, 2012. There was a non-certification for the ondansetron. The other medicines of naproxen and omeprazole were certified. Per the records provided, the claimant has had chronic symptoms in the cervical spine, chronic headaches and tension between the shoulder blades and migraines. The claimant has failed all conservative measures which have included activity modification, physical therapy and pain management. The patient does not want any more injection/blocks. The diagnosis has been double crush syndrome. There are migraine is headaches with increased pain in the cervical spine. The headaches do cause nausea that was not alleviated by Prilosec. The provider recommended C5-C7 anterior cervical microdiscectomy with implantation of hardware, and medicines that included naproxen. Cyclobenzaprine was also recommended for muscle spasm. Sumatriptan was recommended for the headache. Ondansetron was recommended for nausea no more than twice a day. This medicine has proved beneficial to the claimant by suppressing the nausea that occurs with the headaches. Antinausea medicines though are not recommended for nausea and vomiting due to chronic opiate use. It is recommended for acute use only, not prophylactic for migraine nausea. Zofran is not recommended for nausea and vomiting secondary to chronic opiate use. In this case there is no documentation of nausea or vomiting to support the need for an anti-emetic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT tablets 4 or 8mg, #30 X2 #60: 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), Treatment For Workers Compensation Pain, Ondansetron (Zofran).

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

**Decision rationale:** The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran ), This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use nor for pre-migraine nausea and vomiting. It is recommended for acute use per FDA-approved indications, and not in a prophylactic manner. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is not medically necessary.

**Cyclobenzaprine Hydrochloride tablets 7.5mg,#120: Upheld**

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

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

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Therefore, the request is not medically necessary.

**Quazepam tablets USP 15mg CIV #30: Upheld**

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

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

**Decision rationale:** Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4

weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary.

**Tramadol Hydrochloride ER 150 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatment Page(s): 12,13,83,113.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. Therefore, the request is not medically necessary.