

<b>Case Number:</b>	CM13-0061830		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/1984
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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:

According to the records made available for review, this is a 60-year-old female with a 9/4/84 date of injury. The request is for authorization for Imitrex 50mg, #15 and Zofran 8mg QD, #30. There is documentation of subjective findings of neck pain that radiates bilaterally into the shoulders and upper extremities and low back pain that radiates into the right lower extremities. The objective findings include spinal vertebral tenderness, limited range of motion in the cervical spine, decreased sensation over the right C5 dermatome, and bilateral occipital tenderness upon palpation. The current diagnoses are chronic pain, depressive disorder, cervical radiculopathy, occipital neuralgia, headaches, cervicgia and history of gastrointestinal ulcers and migraines. The treatment to date is medications. There is no documentation of functional improvement with Imitrex or Zofran. In addition, there is no documentation of nausea and vomiting caused by radiation therapy or chemotherapy for cancer, or a recent surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs Website

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

**Decision rationale:** The California MTUS does not specifically address this issue. ODG states that Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. The Physician Desk Reference states that Zofran is used for the prevention of nausea and vomiting caused by radiation therapy and chemotherapy for cancer, and, in some cases to prevent these problems following surgery. Within the medical information available for review, there is documentation of diagnoses of chronic pain, depressive disorder, cervical radiculopathy, occipital neuralgia, headaches, cervicgia, and history of gastrointestinal ulcers and migraines. However, there is no documentation of nausea and vomiting caused by radiation therapy or chemotherapy for cancer, or a recent surgery. In addition, despite documentation of records reflecting prescriptions for Zofran since at least 11/12/12, there is no documentation of functional improvement with the medication. Therefore, based on guidelines and a review of the evidence, the request for Zofran 8mg QD, #30 is not medically necessary.

**Imitrex 50mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Triptans

**Decision rationale:** The California MTUS does not specifically address this issue. ODG states that Triptans are recommended for migraine sufferers. Within the medical information available for review, there is documentation of diagnoses of chronic pain, depressive disorder, cervical radiculopathy, occipital neuralgia, headaches, cervicgia, and history of gastrointestinal ulcers and migraines. In addition, there is documentation of a history of migraine headaches. However, despite documentation of records reflecting prescriptions for Imitrex since at least 11/12/12, there is no documentation of functional improvement with the medication with evidence of reduction in the frequency and intensity of the patient's headaches. Therefore, based on guidelines and a review of the evidence, the request for Imitrex 50mg, #15 is not medically necessary