

<b>Case Number:</b>	CM14-0001982		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This case involves a 48-year-old male who suffered an injury on Jan 16, 2007. He was working as a service advisor for a [REDACTED] when he turned to walk back to his office area and slipped on a metal fitting on the end of an overhead air hose that was on the floor and fell landing on his left side and outstretched his left arm. As a result he sustained injuries to his cervical, lumbar and shoulder regions. In April of 2007, he underwent left shoulder arthroscopy and superior labrum anterior and posterior (SLAP) repair. A few days after his injury he began to complain of headaches that have not let up since then. Additionally, the patient was involved in a rear-end motor vehicle accident on 08/20/2013 on the way to an appointment with his treating physician. This exacerbated his already pained cervical and lumbar regions. According to the follow up visit report dated 11/12/13, the patient complains of low back and neck pain radiating down the left upper extremity, and headaches associated with nausea (and photophobia); mainly left-sided. The trigger point injections performed last time into the left cervical region seemed to significantly improve his pain in that area. His physical examination on the date of the follow-up visit report includes the fact that the patient is 'covering his left eye, that his lumbar range of motion was decreased on flexion and extension with tenderness and spasm throughout the cervical extensors. His right shoulder range of motion was decreased in all planes of motion. The medications control about half his pain, and allow him to get out of bed and do his chores and exercise program. The patient's treatment plan included intramuscular (IM) Toradol and Phenergan to control his acute severe headache pain associated with nausea, a prescription for Zofran for any additional nausea, and advisement to continue with his pain medications for now.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 8MG, #30/30 DAYS:** 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 INDEX, 11TH EDITION (WEB), 2013, PAIN-ANTIEMETICS (FOR OPIOID NAUSEA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), ANTI-EMETICS.

**Decision rationale:** The Official Disability Guidelines indicate that Ondansetron (Zofran®) is a serotonin 5-HT<sub>3</sub> receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, for postoperative emesis and for gastroenteritis. Ondansetron is not FDA approved for treating nausea associated with either migrainous or muscle tension headaches. The medical records provided for review indicated that the patient complained of headaches associated with nausea. The requested use of the medication does not meet FDA approval for use in this case. Therefore, the request is non-certified.