

<b>Case Number:</b>	CM14-0104590		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 58-year-old female with a October 10, 2013 date of injury. At the time of the request for authorization for Ondansetron 4mg #30 and Wellbutrin 150mg #30, there is documentation of subjective (moderate to severe pain without any improvement) and objective (positive tenderness over the paracervical musculature, positive muscle spasm in the paracervical musculature, motor testing is 4/5 to all muscle groups of upper extremity, decreased range of motion cervical spine, positive tenderness in the paralumbar musculature, positive tenderness in the posterior superior iliac spine region, decreased lumbar range of motion, positive Neer's test, positive Hawkin's test, positive greater tuberosity tenderness, positive acromioclavicular joint tenderness and compression test) findings, current diagnoses (chronic intractable neck pain, multilevel degenerative disc disease, disc herniations, stenosis cervical spine, radiculopathy upper extremities/neuropathic pain, right shoulder impingement syndrome and acromioclavicular joint arthrosis, lumbar spine chronic intractable pain, lower extremity radiculopathy/neuropathic pain, and depression), and treatment to date (medication including Wellbutrin for at least 8 months). Regarding Ondansetron 4mg #30, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Regarding Wellbutrin 150mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondasetron 4mg thirty count:** Upheld

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

**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 (for opioid nausea).

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of chronic intractable neck pain, multilevel degenerative disc disease, disc herniations, stenosis cervical spine, radiculopathy upper extremities/neuropathic pain, right shoulder impingement syndrome and acromioclavicular joint arthrosis, lumbar spine chronic intractable pain, lower extremity radiculopathy/neuropathic pain, and depression. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondasetron 4mg thirty count, is not medically necessary or appropriate.

**Wellbutrin 150mg thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13-14 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of chronic intractable neck pain, multilevel degenerative disc disease, disc herniations, stenosis cervical spine, radiculopathy upper extremities/neuropathic pain, right shoulder impingement syndrome and acromioclavicular joint arthrosis, lumbar spine chronic intractable pain, lower extremity radiculopathy/neuropathic pain, and depression. In addition, there is documentation of treatment with Wellbutrin for at least 8 months. However, given

documentation of treatment with Wellbutrin for at least 8 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Wellbutrin. Therefore, based on guidelines and a review of the evidence, the request for Wellbutrin 150 mg thirty count is not medically necessary or appropriate.