

Case Number:	CM14-0107725		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2013
Decision Date:	09/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 7/22/14 progress report notes history of head injury. There was a laceration of the forehead. Cranial nerves were noted as intact. There was no nausea. There were headaches. Clonazepam was recommended for treatment. A 5/24/14 note indicates head pain with report of rebound headaches. The headaches were reported to be responsive to Benzodiazepines. 2/12/14 note indicates ongoing headaches with report of anxiety symptoms. The injured worker was recommended for treatment with headache prophylaxis medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #60: Upheld

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, Antiemetics (for opioid nausea) Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records provided for review do not indicate the presence of symptoms of nausea or vomiting in support treatment with Zofran. Therefore, the request is not medically necessary.

Clonazepam 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The medical records do not indicate a pain condition responsive to Clonazepam. The treatment of anxiety on a long term basis is not supported with Clonazepam due to long term efficacy not being demonstrated and risk of dependence under ODG guidelines. Therefore, the request is not medically necessary.