

<b>Case Number:</b>	CM14-0040790		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of April 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 26, 2014, the claims administrator denied a request for ondansetron, zolpidem, and Norco. The claims administrator apparently stated that the supporting information on the part of the attending provider was incomplete and stated that it would recommend a new request in the postoperative recovery period when the patient's medical status is better known. The claims administrator exclusively cited non-MTUS ODG Guidelines on Norco and Ambien. The claims administrator did not seemingly cite any guidelines on the denial for ondansetron and did not incorporate cited guidelines into its rationale. The claims administrator did state, however, that the applicant was scheduled to have surgery on March 25, 2014. In a May 1, 2014 neurology report, it was suggested that the applicant was not currently working. On March 13, 2014, the attending provider apparently stated that the applicant should pursue additional acupuncture and psychotherapy. In a handwritten note dated March 3, 2014, the applicant was placed off of work, on total temporary disability. The applicant had multifocal complaints of neck, low back, and shoulder pain. Trazodone, paroxetine, and psychological counseling were seemingly endorsed. The note was extremely difficult to follow. There was no explicit mention of the applicant undergoing shoulder surgery on or around this point in time. A December 18, 2013 record review was notable for comments that the attending provider was pursuing authorization for shoulder surgery. There was no mention of an operative report in the itemized list of medical records enclosed by the claims administrator. A later note of April 9, 2014, once again, was handwritten,

difficult of follow, not entirely legible. There was no mention of the applicant's having undergone any recent shoulder surgery. A March 13, 2014 record review is notable for comments that the applicant did not want to pursue shoulder surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ondasetron 8mg, thirty count:** 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 Page(s): 7-8. Decision based on Non-MTUS Citation (ODG) Food and Drug Administration (FDA) Ondansetron Medication Guide.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines did not specifically address the topic of ondansetron usage, the Chronic Pain Medical Treatment Guidelines do suggest that an attending provider using drugs for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and, moreover, should furnish some compelling medical evidence to support its usage. In this case, however, the Food and Drug Administration (FDA) notes that ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. As noted previously, the file was surveyed on several occasions. It did not appear that the applicant had had or intended to have shoulder surgery at any point surrounding the date of the utilization review report. In fact, a March 13, 2014 progress note suggested that the applicant did not wish to pursue shoulder surgery. It was not clearly stated why ondansetron was furnished, as the applicant did not ultimately elect to pursue the shoulder surgery also in dispute. Therefore, the request for Ondansetron 8mg, thirty count, is not medically necessary or appropriate.

**Zolpidem 10mg, 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 (ODG) (updated 03/10/14) Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation (ODG) Food and Drug Administration (FDA) Ambien Medication Guide.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines does not specifically address the topic of zolpidem or Ambien usage, the Chronic Pain Medical Treatment Guidelines do state that an attending provider employing an drug for non-FDA labeled purposes has the responsibility to well inform regarding usage of the same and should, furthermore, furnish medical evidence to support usage of drugs for non-FDA labeled purposes. In this case, the Food and Drug Administration (FDA) notes that zolpidem or Ambien is indicated in the short-

term treatment of insomnia for up to 35 days. The attending provider's request for daily, schedule, and/or long term usage of Ambien, thus, runs counter to FDA recommendations. No compelling applicant-specific commentary or medical evidence was furnished to support non-FDA labeled usage of the zolpidem. Therefore, the request for Zolpidem 10mg, thirty count, is not medically necessary or appropriate.

**Norco 5-500mg, sixty 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 (ODG) Pain (Updated) 03/10/14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The handwritten progress notes provided suggested that the applicant's pain complaints are heightened, as opposed to reduced, despite ongoing opioid usage. There is no mention of any improvements in function achieved as a result of ongoing Norco usage. Therefore, the request for Norco 5-500mg, sixty count, is not medically necessary or appropriate.