

<b>Case Number:</b>	CM14-0193365		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 33 year old male with a date of injury of 1/20/10. Per treating physician report dated 10/30/14, the patient present for a follow up following his multiple gunshot wounds from 2010. He has continued pain in his low back, buttocks groin, distal radiating left thigh/leg and foot neuropathic pain. His current medications include Pantoprazole for stomach irritation, Hydromorphone for baseline pain, Oxycodone for pain, Ambien for sleep, Ondansetron for nausea. The treating physician notes that current medications improve neuropathic pain. The listed diagnoses are: 1. Gunshot wound to abdomen<sup>2</sup>. Left leg fracture<sup>3</sup>. Bilateral lower extremity weakness<sup>4</sup>. NeuropathyThe patient is permanent and stationary and disability retired. The request is for Melatonin SR, Ondansetron 8mg and Zolpidem 10mg. The Utilization review denied the request on 11/10/14. Treatment reports from 4/10/14 through 11/18/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin SR 2mg #90:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, melatonin

**Decision rationale:** This patient presents with pain in his low back, buttocks, groin, and distal radiating left thigh/leg and foot neuropathic pain. The current request is for Melatonin SR 2mg #90. The treating physician made an initial request for Melatonin on 10/30/14. There is no rationale provided for this request. The ACOEM and MTUS Guidelines are silent on Melatonin. ODG Guidelines under its mental illness and stress chapter has the following regarding Melatonin, "Recommended as an option. See the Head Chapter, where Melatonin is recommended in treating sleep disorder post-TBI." ODG guidelines states that Melatonin is more effective than placebo for migraine prevention and is it also supported for the use of sleep issues. In this case, there is no discussion regarding sleep issues or migraines to warrant the use of Melatonin. The requested Melatonin is not medically necessary.

**Ondansetron 8mg #90:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antiemetic

**Decision rationale:** This patient presents with pain in his low back, buttocks, groin, and distal radiating left thigh/leg and foot neuropathic pain. The current request is for Ondansetron 8mg #90. The MTUS and ACOEM Guidelines do not discuss Ondansetron; however, ODG Guidelines has the following regarding antiemetic ""Not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The treater is requesting this medication for patient's "nausea." The ODG Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis or for post operative use. The patient does not meet the indication for this medication. The requested Ondansetron is not medically necessary.

**Zolpidem 10mg #30:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & stress chapter, Insomnia treatment

**Decision rationale:** This patient presents with pain in his low back, buttocks, groin, distal radiating left thigh/leg and foot neuropathic pain. The current request is for Zolpidem 10mg #30. The MTUS and ACOEM Guidelines do not address Zolpidem (Ambien); however, ODG Guidelines states that Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset, 7 to 10 days. Review of the medical file indicates the patient has been prescribed this medication since at least 4/10/14. Based on ODG, this medication is only recommended for short term use for the treatment of insomnia. The requested Zolpidem is not medically necessary.