

<b>Case Number:</b>	CM14-0207695		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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:

Injured worker is a female with date of injury 7/12/2013. Per primary treating physician's progress report dated 11/20/2014, the injured worker complains of pain in cervical spine, right shoulder and right wrist. On examination there is decreased range of motion of the cervical spine with spasm and guarding. There is tenderness of the shoulder on the right side with positive impingement sign. The right wrist has positive Phalen's with weakness and positive reverse Phalen's. There is a scar noted on the right shoulder. Diagnoses include 1) cervical radiculopathy 2) shoulder impingement 3) wrist tend/burs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT 8 MG #60 with 5 Refills:** 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:** The MTUS Guidelines do not address the use of ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid

use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The requesting physician explains that the injured worker has been very sensitive to narcotic medications. There have been some instances of nausea and even emesis with oral narcotic use during treatment. Given the injured worker's history and response to oral narcotics, ondansetron is prescribed. Medical necessity of this request has not been established within the recommendations of the ODG. The request for Zofran ODT 8 MG #60 with 5 Refills is determined to not be medically necessary.

**Fioricet #30 with 5 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents (BCAs) Page(s): 23.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for Fioricet #30 with 5 Refills is determined to not be medically necessary.