

Case Number:	CM15-0134498		
Date Assigned:	07/22/2015	Date of Injury:	11/20/2014
Decision Date:	08/18/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 46 year old female who sustained an industrial injury on 11/20/2014. She reported a head trauma from being hit by a box on the left neck, back of the head, and shoulder. The injured worker was diagnosed as having head contusion, cervical strain, cervicogenic headache, and contusions to the shoulder. Treatment to date has included medications, chiropractic care, and acupuncture. MRI on 11/26/2014 showed no traumatic injury. The worker is hypertensive (193/112) and the MRI showed non-specific white matter hyperintensities in the brain, felt related to her uncontrolled hypertension. In the exam of 05/15/2015, the injured worker complains of constant, dull headache with nausea, neck pain, and no vomiting. She denies blurred vision but does have complaints of dizziness but no vertigo. The symptoms are lessened by medication, and exacerbated by neck movement. There is no numbness or tingling of the extremities. The pain is rated as a 9 on a scale of 0-10. She also has a separate complaint of neck pain that is dull but severe and constant. The symptoms are lessened by rest. She has no weakness of the upper extremities and no bladder or bowel dysfunction. She has shoulder pain that is dull and moderately severe. There is no weakness of the shoulder and no swelling or discoloration. There is no radiation of the pain. She complains of pain with movement. She denies a history of ulcers or gastritis, but is hypertensive. Her medications include Hydrocodone, Ibuprofen, Phenergan, Antivert, Neurontin, Soma, Zofran, Nortriptyline, and Norco. On examination, the worker is alert and oriented to person, place, and time, visual acuity and peripheral vision are grossly intact. There are no abnormalities to hearing of balance. There are no visual or palpable abnormalities of the mouth or throat. The neck

examination and shoulder examination show no ecchymosis, erythema or scars on either shoulder. On the left, there is no tenderness of the muscles or joints. There are no abnormalities noted in the shoulder, arms or hands. There is full range of motion. There are no neurologic deficits of the upper or lower extremities. Current diagnoses are Sprain/strain-Cervical Left; Contusion of neck, left; concussion without loss of consciousness, and blunt head trauma. The expected maximum medical improvement date is 06/13/2015. Due to failure to progress and known triggered vomiting by neck pain, the caregiver suspects there is an undiagnosed cervical ligament injury in addition to post-concussion syndrome. She failed chiropractic care due to triggered pain. The recommendation is for further evaluation with MRI of the cervical spine and orthopedics evaluation as well as getting a protherapy treatment through a specialist. Her Norco is refilled, and acupuncture (to which she was partially responsive) is renewed. A request for authorization was made for the following: 1. Carisoprodol TAB 350mg day supply 30 Qty 30 refills 2; 2. Ondansetron TAB 8mg ODT day supply 30 Qty 60 refills 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol TAB 350mg day supply 30 Qty 30 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Carisoprodol 350mg, 30-day supply #30 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are sprain strain left shoulder; sprain strain left cervical (?); and concussion without loss of consciousness. The date of injury is November 20, 2014. The requests authorization is July 6, 2015. The earliest progress note in the medical record containing a Zofran prescription is dated January 9, 2015. The injured worker's subjective complaints were headache, dizziness and vertigo. Cyclobenzaprine was prescribed at that time. According to a March 13, 2015 progress note, current medications included Norco, Zofran and ibuprofen. Cyclobenzaprine was discontinued. According to a progress note dated April 28, 2015, Soma (Carisoprodol) 350 mg was prescribed. Subjectively, the injured worker had headache with nausea but no vomiting. According to the June 29, 2015 progress note, the injured worker had continued headache, but no nausea, no vomiting, no dizziness or vertigo. The clinical indication for Soma is unclear. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain on exacerbation of chronic low back pain. Soma was started April 28, 2015 and continued through June 29, 2015 (two months). The guidelines recommend short-term treatment (less than two weeks). Additionally, the treating provider requested two refills. There are no compelling clinical facts to support ongoing social

in the medical record. Based on the clinical information the medical record and peer-reviewed evidence-based guidelines, Carisopradol 350mg, 30-day supply #30 with two refills is not medically necessary.

Ondansetron TAB 8mg ODT day supply 30 Qty 60 refills 3: 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), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiemetics, Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) ODT 8 mg 30-day supply, #60 with three refills is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are sprain strain left shoulder; sprain strain left cervical; and concussion without loss of consciousness. The date of injury is November 20, 2014. The requests authorization is July 6, 2015. The earliest progress note in the medical record containing a Zofran prescription is dated January 9, 2015. The injured worker's subjective complaints were headache, dizziness and vertigo. Cyclobenzaprine was prescribed at that time. According to a March 13, 2015 progress note, current medications included Norco, Zofran and ibuprofen. Cyclobenzaprine was discontinued. According to a progress note dated April 28, 2015, Soma (Carisopradol) 350 mg was prescribed. Subjectively, the injured worker had headache with nausea but no vomiting. According to the June 29, 2015 progress note, the injured worker had continued headache, but no nausea, no vomiting, no dizziness or vertigo. There is no clinical indication or rationale for Ondansetron (Zofran). There is no documentation demonstrating objective functional improvement with ongoing Zofran. Consequently, absent clinical documentation with a clinical indication and rationale for Zofran and documentation demonstrating objective functional improvement, Ondansetron (Zofran) ODT 8 mg, 30-day supply, #60 with three refills is not medically necessary.