

Case Number:	CM15-0213484		
Date Assigned:	11/03/2015	Date of Injury:	08/05/2001
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 is a 37 year old female, who sustained an industrial injury on 8-5-01. Medical records indicate that the injured worker is undergoing treatment for brachial neuritis or radiculitis otherwise unspecified, arthropathy of the shoulder, chronic pain syndrome, bipolar disorder, sleep disturbance, suicidal ideation, cervicgia and depressive disorder. The injured worker is currently not working. On (9-18-15) the injured worker complained of right hand pain. The pain was characterized as burning and prickling. The pain radiated to the left arm and left hand. The pain was rated 7 out of 10 on the visual analog scale. The injured worker also noted headaches. The headaches start gradually and usually last for 5 days. The headaches occur 3 times a month. Cervical spine examination revealed tenderness of the paravertebral muscles bilaterally and over the spinous process on cervical six and cervical seven. Range of motion was decreased. Examination of the hands revealed numbness in the right hand. Left hand range of motion was painful with flexion of the left wrist and all motions of the left thumb. Tenderness to palpation was noted over the hypothenar eminence and thenar eminence. The injured worker was noted to have heartburn, nausea and vomiting. Treatment and evaluation to date has included medications, MRI of the cervical spine, urine drug screen (6-19-15), transcutaneous electrical nerve stimulation unit, acupuncture treatments, psychological evaluation, physical therapy (8) and a home exercise program. The injured workers urine drug screen results were noted to be consistent. Current medications include Maxalt (since at least March of 2015), Cymbalta, Norco, Prilosec, Hydrocodone-acetaminophen, Ondansetron and Excedrin Migraine capsules. The treating physician noted that Ondansetron was added for increasing nausea and vomiting. The

Request for Authorization dated 9-18-15 included requests for Maxalt Mlt 20 mg #30 and Ondansetron Odt 8mg #60. The Utilization Review documentation dated 9-28-15 non-certified the requests for Maxalt Mlt 20 mg #30 and Ondansetron Odt 8mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt Mlt 20mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.merck.com/product.usa.pl_circulats/m/maxalt/maxalt_pi.pdf.

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

Decision rationale: The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, there was statements found in the notes suggesting headaches that occur occasionally, although how often is not disclosed in the notes. The provider described one headache as a migraine and the worker described another as a migraine as well which led to an ER visit. However, there was no diagnosis included to clearly suggest that this worker has migraines. More importantly, there was no found comments from the recent notes on how often and how effective Maxalt was at reducing the symptoms of the headaches, which might have helped to justify this request for continuation. Without periodic and more recent evidence of benefit provided, this request will be considered medically unnecessary.

Ondansetron Odt 8mg Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.pharma.us/novartis.com/product/pi/pdf/zofran.pdf>.

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, anti- emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea

remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, there was a report of nausea and vomiting. If an anti-emetic is needed, then it was not clear from the notes as to which other anti-emetics were used prior to considering odansetron which isn't a first-line medication for this. Therefore, this request for odansetron will be considered medically unnecessary.