

<b>Case Number:</b>	CM15-0047959		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 45 year old female who sustained an industrial injury on 2/6/2003. Her diagnoses, and/or impressions, include: lumbar spine degenerative disc disease; chronic low back pain; radiculopathy; displacement of intervertebral disc - unspecified, and without myelopathy; facet arthropathy - unspecified; neuralgia, neuritis and radiculitis - unspecified; spondylosis - unspecified, without mention of myelopathy; lumbago; depressive disorder; and insomnia due to medical condition. No recent magnetic resonance imaging studies are noted. Her treatments have included strong and aggressive encouragement for weight loss, bariatric surgery and core strengthening; regular exercise; and medication management. The progress notes of 2/12/2015, state she was doing fair after recent travel, better than after most trips, she was overall feeling good, that Celexa was helping, and that Oxycodone provided a > 50% reduction in pain. The physician's requests for treatments included continuation of Zofran and Celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4 mg with 1 refill:** 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/Ondansetron.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Antiemetics (for opioid nausea).

**Decision rationale:** Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). The patient is on oxycodone. ODG does not recommend use of antiemetic for nausea and vomiting secondary to chronic opioid use. Additionally, this drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided of NSAID use. Additionally, ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for Zofran 4mg with 1 refill is not medically necessary.

**Celexa 20 mg with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Epocrates, Celexa monograph <https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=496>.

**Decision rationale:** Celexa (citalopram) is a selective serotonin reuptake inhibitor (SNRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. MTUS additionally states concerning SSRIs and pain Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without

action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The request is for 12 refills with no follow to closely monitor this medication. As such, the request for Celexa 20 MG with 12 refills is not medically necessary.