

Case Number:	CM15-0083887		
Date Assigned:	05/06/2015	Date of Injury:	07/30/2014
Decision Date:	06/04/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 62 year old male, who sustained an industrial injury on 7/30/2014. Diagnoses include lumbar disc displacement, cervical disc displacement, lumbago, cervicgia and joint derangement NOS shoulder. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 3/03/2015 the injured worker reported sharp, constant pain in the cervical spine rated as 7/10 and constant low back pain with radiation into the lower extremities rated as 7/10. He also reported bilateral shoulder pain rated as 8/10. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with limited range of motion due to pain. Spurling's maneuver was positive. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Standing flexion and extension were guarded and restricted. There was tenderness around the glenohumeral region and subacromial space of the bilateral shoulders with positive Hawkin's and impingement signs. The plan of care included medications and authorization was requested on 4/02/2015 for Fenoprofen Calcium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Sumatriptan succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg #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 (ODG), Zofran, pain chapter, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Ondansetron: Drug Information.

Decision rationale: Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed for nausea associated with headaches, which is not an indication. The records do not document the medical necessity for ondansetron.

Sumatriptan Succinate 25 mg #9 with 2 refills: 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), head chapter, triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: sumatriptan drug information and preventive treatment of migraines in adults.

Decision rationale: This injured worker has a history of cervicgia and migraine headaches. A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document the frequency of prior migraines or efficacy of this medication or a discussion of side effects. The records also do not document other modalities of migraine treatment. The records do not document medical necessity for sumatriptan.