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| <b>Case Number:</b>   | CM14-0138691 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 03/21/1997 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 07/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 62 year old male with a reported date of injury on 03/21/1997. The mechanism of injury was not noted in the records. The diagnoses included lumbago and brachial neuritis. The past treatments included pain medication, chiropractic therapy and acupuncture. There was no diagnostic imaging submitted for review. There was no surgical history documented in the records. The subjective complaints on 07/07/2014 included pain in the cervical spine that is aggravated by repetitive motions and headaches that are migrainous in nature. The physical examination findings of the cervical spine noted palpable paravertebral muscle tenderness with spasms, positive axial loading compression test, and limited range of motion with pain. The medications included Cyclobenzaprine, Sumatriptan, Ondansetron, Norco, and Tramadol. The treatment plan was to continue medications. A request was received for Ondansetron 8mg #30 and Sumatriptan 25mg #18. The rationale for Sumatriptan was for migraine headaches and Ondansetron was for nausea secondary to headaches. The request for authorization form was dated 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #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)

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

**Decision rationale:** The request for Ondansetron 8mg #30 is not medically necessary. The Official Disability Guidelines state Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. The guidelines also state that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. The patient has chronic neck pain and migraine headaches. The notes indicate that the Ondansetron is being used to nausea secondary to headaches. As the guidelines only recommend Ondansetron for nausea and vomiting secondary to chemotherapy and radiation treatment, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Sumatriptan 25mg #18:** 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)

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

**Decision rationale:** The request for Sumatriptan 25mg #18 is not medically necessary. The Official Disability Guidelines state triptans are recommended for migraine sufferers and all oral triptans are effective and well tolerated. The injured worker has chronic neck pain and headaches that are noted to be migrainous in nature. However, there are no documented symptoms or objective findings to support migraines. In the absence of clear evidence that the headaches are related to migraines, the request is not supported by the guidelines. As such, the request is not medically necessary.