

<b>Case Number:</b>	CM14-0183106		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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 patient is a 54-year-old male who has submitted a claim for cervicalgia, cervical radiculopathy and right shoulder impingement syndrome associated with an industrial injury date of 7/20/2012. Medical records from 2014 were reviewed. The patient complained of neck pain along with residual right-sided shoulder pain status post-surgery. He likewise experienced numbness and tingling sensation of the right upper extremity. Physical examination of the cervical spine showed spasm and tenderness. Motor strength of right deltoid was graded 4/5. Treatment to date has included right shoulder arthroscopy on April 2013 and July 2013, physical therapy, and medications such as Fenoprofen, Cyclobenzaprine, Omeprazole, and Tramadol. The utilization review from 10/10/2014 denied the requests for sumatriptan succinate 1 tab per mouth as needed #18 because of no documentation of improvement in headaches or function with medication use; and denied Ondansetron 8 mg ODT 1 tab as needed #30 because of no documented improvement in nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatriptan Succinate 1 tab per mouth as needed #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), Triptans

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, there is no prior intake of Sumatriptan. There is no documented rationale for its prescription. There are no complaints of migraine headache to warrant such treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Sumatriptan Succinate 1 tab per mouth as needed #18 is not medically necessary.

**Ondansetron 8 mg ODT 1 tab as needed #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), Antiemetics

**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, Antiemetics (for opioid nausea) and Ondansetron

**Decision rationale:** The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetic's (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, patient has no subjective complaints of nausea or vomiting. Patient is not in recent post-operative state. He is not receiving any chemotherapy or radiation therapy to necessitate this medication. There is no clear indication for this request. Therefore, the request for Ondansetron 8 mg ODT 1 tab as needed #30 is not medically necessary.