

<b>Case Number:</b>	CM15-0111526		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 10/07/2010. Current diagnoses include right C6-C7 radiculopathy, right shoulder impingement syndrome with degenerative joint disease, electrodiagnostic evidence of moderate to severe carpal tunnel syndrome, and rule out cubital tunnel syndrome. Previous treatments included medication management. Report dated 04/07/2015 noted that the injured worker presented with complaints that included constant cervical spine pain with radiation to the upper extremities, associated headaches that are migrainous in nature as well as tension between the shoulder blades. Also noted it bilateral wrist pain with night time paresthesia, and right shoulder pain. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for abnormalities in the cervical spine, right shoulder, and bilateral wrists. The treatment plan included request for MRI, surgical request, and follow up in several weeks for re-evaluation. Disputed treatments include ondansetron, cyclobenzaprine hydrochloride, 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 ODT (orally disintegrating tablets) Qty 30, 1 as needed, no more than 2 daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Ondanestron (Zofran); Anti-emetics (for opioid nausea).

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

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of anti-emetic medication. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses and the patient's response to prior use has not been identified. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

**Cyclobenzaprine hydrochloride Qty 120, 1 by mouth every 8 hrs as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**Sumatriptan succinate 25 mg Qty 9 with 2 refills, one at onset of headache and repeat 2 hrs later if needed, no more than 4 daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - 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 and Other Medical Treatment Guidelines Other Medical Treatment Guideline

or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html).

**Decision rationale:** Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested sumatriptan is not medically necessary.