

Case Number:	CM15-0090582		
Date Assigned:	05/14/2015	Date of Injury:	07/01/2014
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 1, 2014. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for Zofran and Voltaren gel apparently prescribed and/or dispensed on or around April 11, 2015. The claims administrator referenced a progress note of April 10, 2015 in its determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported multifocal complaints of low back, shoulder, neck, elbow, and hand pain. The applicant was using Flexeril and tramadol on this date, it was reported. Epidural steroid injection therapy was sought while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's using either Zofran or Voltaren gel on this date. On January 19, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, hand pain, and headaches. Once again, medication selection and medication efficacy were not detailed. On April 10, 2015, the applicant reported multifocal complaints of bilateral shoulder, neck, low back, and bilateral hip pain. The applicant was using Norco, Zofran, Flexeril, and Robaxin gel, it was suggested. The attending provider stated that the Voltaren gel was being added for issues with neck pain. The attending provider stated that the applicant was using Zofran for nausea associated with headaches, but did not seemingly discuss whether or not ongoing usage of Zofran was or was not effective. The applicant's work status was not furnished on this particular date, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron TAB 4mg ODT Day supply 15 Qty 60 refills 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron Zofran.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 3 Initial Approaches to Treatment, page 47 and on the Non-MTUS Treatment of Acute Migraine Headache. BENJAMIN GILMORE, MD, David Geffen School of Medicine, University of California, Los Angeles, California MAGDALENA MICHAEL, MD, Mountain Area Health Education Center, Hendersonville, North Carolina Am Fam Physician. 2011 Feb 1; 83(3): 271-280. Other Effective Therapies ANTIEMETICS No evidence supports migraine-specific effects of oral antiemetics, other than relieving nausea.

Decision rationale: No, the request for ondansetron (Zofran), an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. The MTUS, Third Edition ACOEM Guidelines, and ODG's Head Chapter do not address the topic of ondansetron (Zofran) for headaches, the purpose for which it was seemingly being employed here. While American Family Physician (AFP) does suggest that oral antiemetics such as Zofran (ondansetron) may have a role in alleviating or attenuating nausea associated with migraine headaches, this recommendation is, however, qualified by the MTUS Guideline in ACOEM Chapter 3, page 47, which stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, the April 10, 2015, progress note at issue made no mention of whether or not ongoing usage of ondansetron (Zofran) was or was not effective in attenuating the applicant's symptoms of alleged headache-induced nausea. The fact that the applicant remained off of work, on total temporary disability, and remained dependent on opioid agents such as Norco taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zofran (ondansetron). Therefore, the request was not medically necessary.

Voltaren Gel 1% day supply 30 Qty 100 refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators were shoulder, cervical spine, lumbar spine, the attending provider reported on April 10, 2015. On that date, the attending provider stated that he was intent on employing Voltaren gel for ongoing issues with neck pain. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for treatment involving the spine and shoulder, i.e., the primary pain generators here. The attending provider failed to furnish a compelling rationale for selection of this particular agent in the face of the seemingly unfavorable MTUS position on the same for the body parts in question. Therefore, the request was not medically necessary.