

Case Number:	CM15-0094257		
Date Assigned:	05/20/2015	Date of Injury:	08/12/2014
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old female, who sustained an industrial injury on 8/12/14. The injured worker has complaints of headaches with nausea and vomiting and memory loss. The documentation noted that there is tenderness over the temporomandibular joint to palpation. The diagnoses have included closed head injury with concussion, seizures and a post-concussion syndrome with post-traumatic headaches and cognitive impairment. Treatment to date has included magnetic resonance imaging (MRI) of the brain on 12/4/14 showed white matter lesions in the frontal lobes, they were felt to be nonspecific; electroencephalogram performed on 12/8/14 showed slowing in the temporal regions bilaterally, there was concern that it may be consistent with underlying seizures disorder; Depakote; Prozac; MS Contin; imitrex and zofran. The request was for zofran 4mg quantity 20 and imitrex 100mg quantity 9 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg quantity 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran 4mg #20 is not medically necessary.

Imitrex 100mg quantity 9 with one refill: 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, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication. <http://emedicine.medscape.com/article/1142556-medication#2>.

Decision rationale: Imitrex is a Triptan used as abortive medication for moderately severe to severe migraine headaches. There is no documentation that the patient is suffering from a moderate to severe migraine. Therefore, the request for Imitrex 100mg quantity 9 with one refill is not medically necessary.