

Case Number:	CM13-0013243		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2008
Decision Date:	03/12/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 reported an injury on 12/05/2008. Review of the medical record reveals the patient's diagnoses include dystrophy reflex sympathy lower, ICD 9 code 337.22; and chronic pain syndrome, ICD 9 code 338.4. The mechanism of injury information was not provided in the medical record. The patient has had a long history of complaints of significant pain. He currently has a spinal cord stimulator implant, which he uses 24 hours a day but still feels the firing sensation in his right lower extremity. The patient reports his pain at 9/10 on VAS pain scale with medications. The patient ambulates with a cane. He has more nausea and vomiting when his pain is severe. The patient states he will require higher doses of his pain medication and more tablets per month due to his nausea. The clinical note dated 03/07/2013 and 04/04/2013 report the physician states the patient is taking Protonix and Zofran due to GI effects due to his medications, and nausea was caused by the GI effects which were caused by the medications. Emergency department report dated 11/16/2013 revealed the patient's chief complaint was he ran out of his pain medication. The patient appeared to be anxious and complained of pain rated 5/10. The patient reported no nausea and vomiting but some anxiety. The patient was given his prescription for Norco 10/325 mg 20 tablets to be taken half a tablet or full tablet by mouth every 4 hours as needed for pain and follow-up with his physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron-Zofran 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: California MTUS/ACOEM Guidelines do not address antiemetics or Zofran. Official Disability Guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. It is stated that these side effects tend to diminish over days to weeks. Nausea and vomiting is common with the use of opioids. The requested medication is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. As it was previously mentioned in multiple clinical notes that the patient had GI effects due to his medications, and nausea from the GI effects of the medications, the medical necessity for continued use of the requested medication cannot be determined at this time and the request for Zofran 4 mg 10 tablets is non-certified.