

<b>Case Number:</b>	CM13-0024393		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Occupational Medicine 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 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.

### 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 former [REDACTED] who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with cumulative trauma at work first claimed on March 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; adjuvant medications; occipital nerve block; trigger point injections; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 10, 2013, the claims administrator certified request for Topamax, Elavil, occipital nerve blocks, and trigger point injections while denying a request for Zofran. The Zofran was denied on the grounds that that the applicant did not meet FDA indications for the usage of the same. The applicant's attorney later appealed, September 13, 2013. An earlier note of September 17, 2013, is handwritten, and notable for comments that the applicant is using multiple medications, including Norco for pain relief. The applicant is morbidly obese, weighing 485 pounds. The applicant's symptoms are unchanged. It is stated that the applicant should try a weight loss program. An earlier note of June 4, 2013 is again notable for comments that the applicant remains off of work, on total temporary disability, and receives prescriptions for Vicodin and Soma. Other medications the applicant is using include Allopurinol, Protonix, Diovan, Ativan, Lasix, potassium, Metformin, Advair, and Lipitor. A March 26, 2013 note is again notable for comments that the applicant is off of work, on total temporary disability, and using Soma, Prilosec, Motrin, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg every eight hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Zofran..

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

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS does not address the need for Zofran. The Official Disability Guidelines (ODG) chronic pain chapter ondansetron topic, notes that ondansetron or Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the attending provider and employee's attorney did not clearly state why or for what purpose Zofran is being employed. Zofran is FDA approved in the treatment of chemotherapy and radiation treatment and is also FDA approved for postoperative purposes. In this case, however, the documentation on file does not establish that the employee had any recent surgery. The documentation does not support the presence of nausea and/or vomiting secondary to chemotherapy, radiation treatment, and/or gastroenteritis. The information on file does not detail or describe the employee's issues with nausea to any appreciable degree. No clear rationale for usage of Zofran was provided by the applicant attorney or attending provider so as to try and offset the unfavorable ODG recommendation. The request for Zofran 4mg every eight hours is not medically necessary and appropriate.