

Case Number:	CM13-0032760		
Date Assigned:	12/06/2013	Date of Injury:	04/13/2010
Decision Date:	01/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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 is a 44 year-old female with a date of injury of 04/13/2013. The patient's diagnosis is lumbar degenerative disease. Patient is status post spinal cord stimulator implant (03/30/2013). Progress report dated 09/09/2013 states patient has continued back pain that radiates to the bilateral lower extremities. Treater requests Zofran to treat acute postoperative nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the California MTUS FDA (Ondansetron), and the US Food and Drug Administration, online version, Section on Ondansetron (marketed as Zofran) information.

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

Decision rationale: This patient was prescribed #60 of Zofran 4 mg tablets for post-operative nausea/vomiting management. This request was modified to #20 by UR, stating that #60 was not need and that #20 should be sufficient to manage post-operative nausea/vomiting. After reviewing the literature for post-operative nausea/vomiting, the incidence rate is up to 20-30% with severe cases requiring prolonged hospitalization at 1%. Therefore, prophylactic antiemetic medication prescription is indicated. However, the length of post-operative nausea/vomiting is usually hours and no more than few days. One study indicates an antiemetic medication may be necessary for a post-op period of 24-hours. In this case, the treater prescribes #60 which is excessive amount even if taken 2-4 tablets per day for severe nausea/vomiting. Recommendation is for denial of #60 Zofran pills.