

Case Number:	CM13-0037022		
Date Assigned:	12/13/2013	Date of Injury:	09/20/2009
Decision Date:	01/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine and is licensed to practice in New York. 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 48 year old female with a date of injury of 9/20/09. She has diagnoses that include anxiety, depression, hiatal hernia, esophagitis, and dysphagia. The patient has chronic pain, chronic constipation, GI reflux and vomiting. On a 9/27/13 visit, she complained of increased nausea and vomiting. The patient's current medications included Butrans, Bisacodyl, Iron, Buprion, Ambien, Alprazolam, Levothyroxine, Pantoprazole and Zofran. She stated that she takes Zofran, but throws it up soon after. A request for more Zofran was denied by UR 10/2/13. This was appealed 10/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

Decision rationale: The PDR states that Zofran is indicated for the following: Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including

cisplatin 50 mg/m², Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. The record does not indicate that the patient meets the criteria for usage of this medication. In addition, she vomits up the medicine. Based on the guidelines, the medication is not certified.