

<b>Case Number:</b>	CM13-0037386		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. 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 claimant is a 54 year old male with date of injury 3/10/2008 from lifting. The diagnoses include 1) lumbar stenosis at L4-5 and L5-S1 2) status post first stage of two-stage lumbar fusion procedure (1/30/2013). A lumbar MRI dated 1/3/2013 showed 1) developmental central canal spinal stenosis 2) mild to moderate central canal stenosis at L3-L4 and L4-L5 3) a broad posterior 6 mm disc osteophyte complex at L5-S1 without thecal sac impingement or S1 nerve root displacement 4) moderate bilateral L5-S1 foraminal stenosis. On 1/30/2013 the claimant underwent anterior lumbar discectomy and interbody fusion with iliac crest autograft at L4-5 and L5-S1. The claimant continues to have low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 10 tablets of zofran 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Therapeutic Trial of Opioids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufacturer prescribing information: <https://www.gsksource.com/gskprm/htdocs/documents/ZOFRAN-ORAL.PDF>

**Decision rationale:** Although Zofran is a frequently prescribed medication for nausea, it is not indicated for nausea associated with taking oral medications. Per the manufacturer's prescribing information, the indications for the use of Zofran are: 1. Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin at 50 mg/m<sup>2</sup>. 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. 3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. 4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. The request for Zofran is determined to not be medically necessary.