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| Case Number: | CM13-0037769 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/14/2004 |
| Decision Date: | 05/14/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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 65-year-old female who had a work related injury on 1/14/2004. The mechanism of the injury was not noted in the provided documentation. The patient has a history of low back and lower extremity pain. She continues to have mild lower back pain which radiates bilaterally into her hips and anterior thighs that stops at the knees. She occasionally had pain in the pelvic region corresponding most likely to lumbar/sacral radiculopathy and sacral fracture healing respectively. The patient has had four session of acupuncture with good benefit, she states that her lower extremity pain significantly improved after the acupuncture. The patient has also had injections done and notes she experienced 60% improvement after these injections. On the most recent progress report it was noted that the patient had been taking the medications as prescribed and found that it was controlling some of the pain but not all. The patient states that she can use her left leg to go upstairs. She states that her left leg pain has resolved with the injection she is able to take less medication since the injection as well. Current medication include: Lidocaine Topical 5% patch, Cyclobenzaprine 5mg, Norco 32mg, Lorazepain .5mg, synthroid 0.5 tablet, OsCal 500mg, Abilify 10mg, Cymbalta 90mg, Altace, Atenolol 50mg, Zetia 10mg, Hydrochlorothiazide 25mg, Actonel 150mg, Ambien CR 12.5mg, Wellbutrin XL 600mg, Percocet, and Zofran 4mg. At issue is the request for Zofran 4mg which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 3mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCracken G, Houston P, Lefebvre G, Society of Obstetricians and Gynecologists of Canada. Guidelines, Major Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain(Chronic)(Effective 3/10/2014)- Ondansetron (Zofran®) and Other Medical Treatment Guideline or Medical Evidence; Medicinenet.com

Decision rationale: CA-MTUS(Effective July 18, 2009) is mute on this topic. According to Medicinenet.com, This medication is used alone or with other medications to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy) and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. It works by blocking one of the body's natural substances (serotonin) that causes vomiting. ODG-TWC-Pain Therapy section: Ondansetron (Zofran®): Not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the request for Zofran 3mg #20 is not medically necessary.