

<b>Case Number:</b>	CM13-0040766		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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:

This 51 year-old patient sustained an injury on 3/22/02 while employed by [REDACTED]. Request under consideration include retro Zofran orally disintegrating tablets 8mg, 1/2 tablet every morning as needed #10 dispensed on 9/10/2013. Diagnoses include unspecified derangement of shoulder joint; s/p lumbar fusion of L4-S1 with subsequent hardware removal in 2004 and 2005; and thoracic or lumbosacral neuritis or radiculitis. Report from the provider noted patient with chronic intractable lumbar backache with failed lumbar back surgery syndrome with radiculopathic and neuropathic pain and recurrent myofascial strain. Medications list Norco, Xanax, Prozac, Ambien, Clonidine, and Zofram. In April 2013, the patient underwent spinal cord stimulator implantation with substantial symptom improvement while maintaining function. Report of 8/12/13 and 9/10/13 noted patient with chronic low back radiating pain to bilateral lower extremity with exam showing painful restricted lumbar range of motion. The Zofran is provided as medication causes recurrent nausea and vomiting. The retrospective request above for Zofran was non-certified on 9/30/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO ZOFRAN ORALLY DISINTEGRATING TABLETS 8MG, 1/2 TABLET EVERY MORNING AS NEEDED #10 DISPENSED ON 9/10/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE TREATMENT INDEX ,11 TH EDITION (WEB)2013,PAIN

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER; ANTIEMETICS (FOR OPIOID NAUSEA)

**Decision rationale:** This 51 year-old patient sustained an injury on 3/22/02 while employed by [REDACTED]. Request under consideration include retro Zofran orally disintegrating tablets 8mg, 1/2 tablet every morning as needed #10 dispensed on 9/10/2013. Diagnoses include unspecified derangement of shoulder joint; s/p lumbar fusion of L4-S1 with subsequent hardware removal in 2004 and 2005; and thoracic or lumbosacral neuritis or radiculitis. Report from the provider noted patient with chronic intractable lumbar backache with failed lumbar back surgery syndrome with radiculopathic and neuropathic pain and recurrent myofascial strain. Medications list Norco, Xanax, Prozac, Ambien, Clonidine, and Zofram. In April 2013, the patient underwent spinal cord stimulator implantation with substantial symptom improvement while maintaining function. Report of 8/12/13 and 9/10/13 noted patient with chronic low back radiating pain to bilateral lower extremity with exam showing painful restricted lumbar range of motion. The Zofran is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT<sub>3</sub> receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, radiotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted low back claim for this March 2002 injury. The medical report from the provider has not adequately documentation the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The retro Zofran orally disintegrating tablets 8mg, 1/2 tablet every morning as needed #10 dispensed on 9/10/2013 is not medically necessary and appropriate.