

<b>Case Number:</b>	CM13-0042439		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 and 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 54 year-old male sustained an injury from lifting granite on 3/10/08 while employed by [REDACTED]. Request under consideration include retrospective request for 10 tablets of Zofran 4 mg between 9/17/2013 and 9/17/2013. Current diagnoses include Lumbar stenosis at L4-5 and L5-S1. MRI of the lumbar spine dated 1/3/13 showed developmental central canal spinal stenosis; mild to moderate at L3-4 and L4-5; broad posterior 6 mm disc osteophyte complex at L5-S1 foraminal stenosis. The patient is status post anterior lumbar discectomy and fusion with iliac crest autograft at L4-5 and L5-S1 on 1/30/13. Report of 9/17/13 from the provider noted patient continues with low back pain. The request for Norco was certified; however, the above request for Zofran was non-certified on 10/7/13 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:

**THE RETROSPECTIVE REQUEST FOR 10 TABLETS OF ZOFRAN 4 MG BETWEEN 9/17/2013 AND 9/17/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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.

**Decision rationale:** MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, the Official Disability Guidelines (ODG) does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. Current research relates to treatment of antiemetic in patients with cancer pain and acute/postoperative therapy. Guidelines also noted no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Furthermore, 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 extrapyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to accepted claim for this March 2008 injury with last surgery in January of 2013. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication. The retrospective request for 10 tablets of Zofran 4 mg between 9/17/2013 and 9/17/2013 is not medically necessary and appropriate.