

Case Number:	CM13-0043681		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2002
Decision Date:	06/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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, has a subspecialty in Pain Management, 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:

The patient is a 48-year-old with date of injury of February 11, 2002. The listed diagnoses per [REDACTED] dated November 11, 2013 are hypertension, GERD (gastroesophageal reflux disease), and orthopedic conditions. According to the report, the patient feels very stressed and has a lot of pain. He reports his medications have not been authorized for his blood pressure. The physical exam shows his blood pressure is 100/68. There is slight tenderness in the mid epigastric region of his abdomen noted. There is no rebound or rigidity noted. He currently take OxyContin, Toprol and Protonix. The utilization review denied the request on October 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8 MG #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ONDANSETRON (ZOFRAN) SECTION.

Decision rationale: This patient presents with diagnoses of hypertension and GERD (gastroesophageal reflux disease). The treater is requesting a refill for Zofran 8 mg. The MTUS

and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines do not support anti-emetics for nausea and vomiting due to chronic opiates. Specifically, Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment, following surgery and for acute use for gastroenteritis. This patient does not present with any of these conditions. The treater does not explain why this medication is prescribed in addition to Protonix. The request for Zofran 8 mg, ten count, is not medically necessary or appropriate.