

Case Number:	CM13-0047741		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2009
Decision Date:	04/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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:

The patient is a 35-year-old who was injured on 07/21/2009 while a fire extinguisher fell on her right foot. Diagnostic studies reviewed include an MRI of the pituitary gland dated 07/15/2011 revealing 1-2 mm subtle region of abnormal signal intensity present within the right paracentral pituitary. A diffusion weighted exam of the brain dated 07/15/2011 revealed no evidence of diffusion abnormalities present within the brain. An MRI of the brain dated 07/15/2011 was an unremarkable unenhanced MRI of the brain. MRI of the lumbar spine dated 07/15/2011 revealed: 1) T12-L1: 1-2 mm posterior disc bulge with focal disc extrusion traveling 3 mm in a cranial direction without evidence of canal stenosis or neural foraminal narrowing. 2) L1-2: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 3) L2-3: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 4) L3-4: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 5) L4-5: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. An MRI of the lumbar spine with contrast only dated 07/15/2011 revealed stable minimal disc bulge. No evidence of abnormal enhancement present on this study. Nuclear medicine bone scan, three phase technique dated 07/19/2011 revealed relatively symmetric increased tracer activity. Progress note dated 10/04/2013 documented the patient to have complaints of low back pain, left elbow pain, right elbow pain and right wrist pain that has increased since the last visit. The patient rates her pain as 6 on a scale of 0-10 with 10 having the worst pain possible and 0 having no pain at all. The pain occurs intermittently. The patient's pain increases to nine frequently. Patient does not report any change in location of pain. The patient has not tried any new form of therapy. The patient is taking her medications as prescribed. The patient states that medications are somewhat helping. Denies any medication side effects. The patient tolerates medications well. Patient shows no evidence of developing medication

dependency. Activity level has remained the same. The patient is unable to tolerate work activities. The patient states that her activities of daily living have decreased. Her mobility decreased. Her quality of life has decreased. Her mood is decreased and quality of sleep decreased. Objective findings on exam reveals there are no signs of withdrawal or overdose. The patient has a normal bipedal gait; toe walks with difficulty, heel walked without difficulty. Examination of the left elbow notes tenderness to palpation over the lateral epicondyle. Examination of the right wrist reveals tenderness to palpation over the dorsal crease. Tinel's sign is positive bilaterally. Examination of the right hand reveals the temperature is decreased over the hand. On inspection of the lumbar spine there is moderate scoliosis. Examination of the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation); tenderness is also noted over the same side. On coccyx, posterior iliac spine and sacroiliac joint. Spinous process tenderness is noted on L3-S1. Examination of bilateral hip reveals tenderness over the trochanters. Inspection of the right ankle reveals swelling. Inspection of the right foot reveals swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 4MG SUBLINGUAL SIG AS NEEDED #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: CA MTUS guidelines do not specifically address the issue in dispute and hence ODG have been consulted. According to the ODG, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids." In this case, there is no documentation of acute complaints of nausea and vomiting with opioid use and it is not recommended for chronic opioid use. The request for Zofran 4 mg , 30 count, sublingual, once daily as needed, is not medically necessary or appropriate.