

Case Number:	CM13-0053682		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2005
Decision Date:	06/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery has a subspecialty in Spine 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 51-year-old female with a date of injury of 12/12/2005. The listed diagnoses are: Right upper extremity pain, status post right carpal tunnel release, chronic pain syndrome, Dyspepsia secondary to chronic pain. According to the progress report 10/17/2013 by [REDACTED], the patient continues with right upper extremity and shoulder pain. The patient states the Percocet significantly helps to improve her functional ability and quality of life. Patient's medication regimen includes Lidoderm, Ambien CR for insomnia, Zofran 4 mg daily for nausea secondary to medication, Parafon 500 mg for muscle spasm, Tranxene 15 mg for itching, and Percocet 10 mg for pain. Utilization review 11/07/2013 denied the request for Zofran 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 4MG PRN: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with ongoing right upper extremity and shoulder pain. Report 10/17/2013 indicates the patient is taking Ambien, Parafon, Tranxene, Zofran, Neurontin,

and Percocet. The treater requests a refill for Zofran 4 mg daily for "nausea secondary to medication." Review of the medical file indicates the patient has been prescribed Zofran for nausea since 07/22/2013. The MTUS and ACOEM Guidelines do not discuss Zofran. However, ODG Guidelines has the following regarding antiemetic "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." The treater is prescribing this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of ondansetron for medication-induced nausea. Recommendation is for denial.