

Case Number:	CM13-0064581		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2010
Decision Date:	08/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice 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 injured worker is a 38 years old male claimant sustained a work injury on 12/12/10 involving multiple areas including the knees and shoulders. He has a diagnosis of left shoulder impingement, degenerative joint disease of the left AC joint, and a partial tear of the supraspinatus and infraspinatus tendons. He was scheduled for surgery on 10/23/13 for shoulder arthroscopy and debridement. The claimant had been given hydrocodone for pain control. The treating physician requested Zofran 1 to 2 tablets post-operatively # 10 on 10/18/14 to treat nausea due to medications. The procedure on 10/23/13 was uncomplicated and no mention was made about post-operative gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PHARMACY PURCHASE OF ONDANSETRON 8MG QTY: 10.00 FOR DATE OF SERVICE 10/18/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference.

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

Decision rationale: Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. 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. Based on the guidelines, Zofran would be appropriate if there were post-operative gastrointestinal issues. In this case, the documentation did not mention post-operative nausea and Zofran is not indicated for nausea related to opioid use. The Zofran was prescribed prior to the surgery. Therefore, the request is not medically necessary.