

Case Number:	CM13-0068166		
Date Assigned:	01/03/2014	Date of Injury:	08/02/2012
Decision Date:	06/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, 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 43-year-old male who has submitted a claim for neck pain, cervical herniated nucleus pulposus (C4-5, C5-6, C6-7), cervical radiculopathy, cervical sprain/strain, and cervical stenosis; associated from an industrial injury date of 08/02/2012. Medical records from 11/26/2013 to 11/20/2013 showed that patient complained of neck pain radiating to the left upper extremity, associated with numbness and paresthesia. Physical examination showed cervical spine tenderness and myospasm, with limitation of range of motion with pain in all ranges. Reflexes were diminished. Treatment to date has included Aciphex. Utilization review dated 11/20/2013 denied the request for Zofran 4mg because guidelines do not recommend its use for nausea and vomiting secondary to chronic opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 4MG: 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 (Chronic); Antiemetics, Ondansetron.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. Ondansetron (Zofran) is a drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, medical records reviewed showed no evidence of the abovementioned conditions. Moreover, there is lack of documentation regarding current medications and treatment plans. Furthermore, the request failed to specify the quantity to be dispensed. Therefore, the request for Zofran 4mg is not medically necessary.