

Case Number:	CM13-0070343		
Date Assigned:	04/11/2014	Date of Injury:	04/10/2005
Decision Date:	06/12/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 reported a work-related injury dated 4/10/05 resulting in multiple injuries and chronic pain to the cervical and lumbar spine, left lower extremity and left upper extremity. Previous treatment has included multiple surgeries, oral analgesic medications and treatment for depression. On 11/21/13 she was evaluated by the primary pain specialist. At that time she complained of increased low back pain, spasms, and left lower extremity pain. Current medication regimen included fentanyl, morphine sulfate immediate release, tizanidine, gabapentin, prevacid and zofran. The use of zofran is noted due to nausea secondary to medication use. The physical exam showed moderate bilateral lumbar paraspinous tenderness to palpation with muscle spasm. The plan of care was to continue the use of the analgesic medications and the zofran 4mg twice daily for nausea secondary to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 4 MG TWO TIMES A DAY AS NEEDED, #60: Upheld

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

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

Decision rationale: The MTUS is silent regarding the use of Zofran for nausea associated with medication use. According to the ODG chapter on chronic pain the use of Zofran 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. Including prevention of nausea and vomiting associated with emetogenic chemotherapy, radiation therapy, or postoperative nausea and vomiting. 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. Therefore, the request for Zofran 4mg 2 times a day as needed #60 is not medically necessary and appropriate.