

Case Number:	CM14-0100737		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2009
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Medicine and is licensed to practice in Ohio. 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 46-year-old male state of injury was 2/21/2009. He was moving an ice machine and sustained a back injury. He's been treated with narcotic pain medication, anti-inflammatory medication, antiepileptic medication, and has had bilateral facet blocks in the lumbar spine. His diagnoses include lumbar and thoracic strain/sprain, gastropathy and esophageal ulcers. An extensive review of the medical records provided revealed complaints of epigastric pain time six months first noted July 15, 2013. Many of the notations are illegible however no documentation can be found to support a diagnosis of nausea. The physical exam is generally revealed tenderness to palpation of the thoracic and lumbar spine with diminished range of motion. His lower extremity sensation and upper extremity sensation has been intact. His abdominal exam has been benign. His current medications include narcotic pain medication and a proton pump inhibitor, but do not include an anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Section, Anti-emetics.

Decision rationale: Anti-emetics, like Zofran, are not recommended for nausea and vomiting secondary to chronic opioid use. They are 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 for. 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. In this instance, there certainly appears to be no FDA approved indication for the use of the anti-vomiting medication Zofran. Therefore, Zofran 8 mg is medically unnecessary.