

<b>Case Number:</b>	CM14-0016857		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 an employee of [REDACTED] who filed a claim of low back pain, which radiates to left lower extremity up to the ankle level associated with industrial injury dated 04/10/2005. Treatment to date includes Left L4-L5 and L5-S1 medial branch facet neurotomy/rhizotomy dated Jan, 31, 2013, ongoing psychiatric/psychological treatment, arthroscopic knee surgery in December 2011. Decompression surgery for median and ulnar nerve on left wrist dated September 2011 and Lumbar epidural injections dated Nov 2008. Medications given since Feb 11, 2013 includes Duragesic 25mcg patches, Gabaketolido rub, MSIR 15mg twice a day, Zanaflex 2 mg BID, Zofran 4 mg for nausea, Prevacid 30 mg BID for GI irritation and Cymbalta. Utilization review dated January 29, 2014 denied the medical request of Zofran 4mg BID due to inappropriate indications for the use of the said medication. Although patient's progress reports acknowledged nausea and vomiting as one of the symptoms, it is related to chronic opiod use of the patient and is not the recommended indication for the use of Zofran. Medical records dated 2011 to 2013 revealed continued complaints of low back pain with a pain scale of 6/10, which radiates to the left lower extremity laterally to the ankle level. There was constant weakness in her left lower extremity. She still could not walk without single l of strand crutch and could not use her cane due to upper extremity nerve compression syndrome. Use of stairs, prolonged walking, walking on uneven ground, prolonged standing, pivoting on the left knee, climbing, sitting with the left knee bent, squatting, kneeling, lifting and cold and rainy weather made the left knee pain worse. Lifting, prolonged standing, pushing and pulling, torquing and twisting, work above shoulder level, prolonged sitting, bending, keyboarding, overhead work, prolonged walking and climbing made the low back pain worse. Patient was also reported to have marked depression over her ongoing pain and disability related to the above mentioned industrial injury claim. Physical examination showed asymmetric gait which was

antalgic on the left, arthroscopic wounds on the left knee were well-healed, fullness of the posterior left knee appeared to be consistent with a popliteal cyst, left knee motion was from 175 degrees extension to 120 degrees flexion, right knee was from 180 degrees extension to 135 degrees flexion. Patellofemoral crepitation was noted and tenderness over the pes anserinus bursa of the left knee. Tinel's sign was positive on the left knee. Thoracolumbar motion was restricted. Sitting straight leg raising was 80 degrees on the right and 70 degrees on the left.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ZOFRAN 4MG BID 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) Antiemetics (For Opioid Nausea).

**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 For Opiod Use.

**Decision rationale:** The Official Disability Guidelines (ODG), regarding Chronic Pain state the use of anti-emetics is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted per FDA-approved. In this case the patient has been chronically taking opioids since Feb 2013 and Zofran was given to counteract the nausea. Since it is not recommended in the guidelines to use anti-emetics such as Zofran for long periods of time to counteract the adverse effects, the request would not be supported. The request for Zofran 4 mg BID PRN is not medically necessary and appropriate.