

Case Number:	CM14-0116576		
Date Assigned:	08/04/2014	Date of Injury:	12/14/2004
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 52-year-old female who has submitted a claim for lumbago associated with an industrial injury date of December 14, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of chronic low back pain radiating to her buttocks as well as constant abdominal pain. She also had frequent nausea and diarrhea. Physical examination showed positive SLR bilaterally with multiple trigger points. Treatment to date has included medications (opioids, benzodiazepine, and Prilosec), surgery, lumbar injection, home exercise program and interferential unit. Utilization review from June 30, 2014 denied the request for Zofran 8mg # 30 Refills Unspecified because there was no significant GI distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg # 30 Refills Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back)

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 opioid use

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. As stated on ODG, 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. Other indications for Zofran according to its package insert is for treatment of nausea and vomiting due to chemotherapy or radiotherapy or for patient who have nausea and vomiting due to anesthesia postoperatively. In this case, the patient was not noted to be undergoing chemotherapy or radiation therapy and had not recently undergone surgery during the time of the request. Her nausea was linked to her medication use, which presumably were the opioids. She had been chronically taking opioids 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, it is not medically necessary to prescribe Zofran to the patient. In addition to this, the dosing frequency as well as the number of refills of Zofran is not stated in the request. Therefore, the request for Zofran 8mg # 30 Refills Unspecified is not medically necessary.