

Case Number:	CM14-0162475		
Date Assigned:	10/07/2014	Date of Injury:	08/22/2014
Decision Date:	11/26/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 53 year old female who sustained an industrial injury on 08/22/04. The mechanism of injury was tripping over some plastic wrap injuring her knee. Her history was significant for right knee surgery three times, left knee surgery twice and right ankle surgery twice. She also had back pain and diffuse discogenic disease. She had stopped working in 2004. Her treatment included Synvisc injections of ankle, Hyalgan injections on the right knee and bilateral L4-S1 facet joint injections on 07/31/14. Her medications included Motrin 600mg, Nexium 20mg, Norco and Zofran 8mg. The clinical note from 08/11/14 was reviewed. She was having knee pain and had come in for third injection of Hyalgan on her left knee. On objective examination, she had tenderness along the medial joint line with weakness to resisted function. Diagnoses included arthritis along the ankle status post distraction arthroplasty on the right, internal derangement of knee on the right and left, discogenic lumbar condition with radicular component, ankle sprain, weight loss and depression with anxiety. The plan of care included Hyalgan injection, Motrin, Norco, Nexium and Zofran. The Zofran was noted to be for nausea related to the Vicodin and the Norco usage. The clinical note from July 2014 was also reviewed. She reportedly was not responding to opiate medications, but they were increasing her functional status. She had significant nausea due to chronic pain for which she took Zofran for it. She was taking Motrin as needed, Nexium and Norco four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zofran/html> and on the Non-MTUS Younger JW, Chu LF, D'Arcy NT, et al. Prescription opioid analgesics rapidly change the human brain. *Pain*. Aug 2011;152(8):1803-10 and on the Non-MTUS Wang J, Christo PJ. The influence of prescription monitoring programs on chronic pain management *Pain Physician*. May-Jun 2009; 12(3): 507-15. and on the Non-MTUS http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Regulations/MTUS_Regulations.htm and on the Non-MTUS Official Disability Guidelines (ODG)

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, antiemetics

Decision rationale: The employee was being treated for ankle, knee and low back pain. She was being treated with medications including Norco, Motrin and Nexium. She had been taking Zofran for years for chronic nausea due to chronic Opiate therapy. According to Official Disability guidelines, antiemetics like Zofran are not recommended for nausea due to chronic opioid use. Zofran is FDA-approved for postoperative use, nausea and vomiting due to chemotherapy and radiation and in acute cases of gastroenteritis. According to the guidelines, nausea and vomiting are common with use of opioids and tend to diminish over days to weeks of continued exposure. There is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Given the long history of nausea and use of Zofran, the ongoing use of Zofran is not medically necessary or appropriate.