

<b>Case Number:</b>	CM14-0163489		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 04/28/2012 due to a traumatic injury where he was either hit by a car or as the result of a violent assault upon the injured worker that involved the neck, bilateral shoulders, right jaw, right orbit, clavicle, ribs, and left lung. The injured worker complained of intermittent moderate pain in the neck with radiation to the bilateral shoulders with occasional difficulty in rotating the head and neck; moderate pain to the right jaw; intermittent moderate pain to right eye socket; intermittent moderate pain to the bilateral shoulders; intermittent moderate pain to the clavicle; intermittent moderate pain to the left rib cage with inhalation; and difficulty breathing on occasion. The diagnoses included a work related assault, facial trauma/contusion, cervical spine sprain/strain with radicular complaints, history of cervical spine fusion, bilateral shoulders rotator cuff tendinitis/bursitis, traumatic brain injury, clavicle/rib pain, history of blood clot in the lungs, and history of left clavicle fracture. Surgeries included a removal of a blood clot to the left lung and a status post cervical fusion and a clavicle fracture repair. Past medical history included positive for high blood pressure, anemia, and stomach ulcers. The physical examination of the cervical spine, performed on 09/04/2014, revealed the head and the neck were well centered without evidence of deformity; no loss of normal cervical lordosis; normal tone without tenderness to the paracervical and trapezius muscles; no trigger points; and no guarding on examination. The cervical compression test was negative and the cervical distraction test was positive. With range of motion, forward flexion was at 40 degrees and extension was at 30 degrees. Left lateral flexion was at 40 degrees, right rotation was at 60 degrees and left rotation was at 55 degrees. Decreased sensation was noted at C5, C6, and C7. The treatment plan was for the Ondansetron 4 mg. The Request for Authorization was not submitted with the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondanestron 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

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

**Decision rationale:** The Official Disability Guidelines do not recommend Zofran for nausea secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects do tend to diminish over days to weeks of continued exposure. Studies of opioids' adverse effects include nausea and vomiting limited to short term to duration and have limited application to long term use. If nausea and vomiting remains prolonged, the etiologies of these symptoms should be evaluated for. The clinical notes were not evident in how long the injured worker had been taking the Zofran. The examination was not evident that the injured worker was having current gastrointestinal issues involving nausea and vomiting or that he had a history of nausea and vomiting. The guidelines indicate that Zofran should not be prescribed secondary to chronic opioid use; however, the clinical notes did not address the current medication list. Additionally, the request did not address the frequency or duration of the Ondansetron. As such, the request is not medically necessary.