

Case Number:	CM14-0165411		
Date Assigned:	10/10/2014	Date of Injury:	10/18/2012
Decision Date:	11/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Practice 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:

A 48 yr. old male claimant sustained a work injury on 10/18/12 involving the neck and head. She was diagnosed with closed head injury, cervical sprain with radiculopathy and hearing impairment. A progress note on 9/23/14 indicated the claimant had 6/10 pain. She had been on Ibuprofen for pain. Exam findings were notable for cervical/occipital tenderness. He was referred to pain management and continued on Zofran for nausea. Frova was given for migraines and Flexeril for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 Mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Updated 09/10/2014) 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) anti-emetics

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea or vomiting secondary to opioid use. Zofran is approved for nausea due to chemotherapy

or post-operative use. The claimant did not have the above diagnoses or clinical indications. The Zofran is not medically necessary.