

Case Number:	CM14-0170859		
Date Assigned:	10/23/2014	Date of Injury:	09/16/2007
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Management 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 injured worker is a 32 year old male with a date of injury on 9/16/2007. He is diagnosed with (a) complex regional pain syndrome (CRPS) type II upper limb, (b) anxiety state, (c) depressive disorder, and (d) psychophysiological disorder. Per most recent records dated 9/25/2014 documents that the injured worker was still experiencing nausea with suboxone and was unable to receive Zofran due to denial which has increased his nausea and vomiting. He reported that he vomits occasionally and complained of mild constipation and noted that trial of Miralax and Colace has helped. Physical examination did not note any abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zofran 4mg #60 with three refills: 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-TWC)

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

Decision rationale: Evidence-based guidelines do not support or recommend the use of Zofran (ondansetron) for nausea and vomiting secondary to chronic opioid use. This medication is only supported for nausea and vomiting secondary to chemotherapy, radiation treatment, and postoperative use. It is also approved for gastroenteritis. In this case, records do indicate that he is suffering from nausea and vomiting from chronic opioid usage specifically Suboxone. Without support from evidence-based guidelines, the medical necessity of the retrospective request for Zofran 4mg #60 with three refills is not established.