

<b>Case Number:</b>	CM14-0021102		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 49-year-old female who reported an injury on 01/20/1999; the mechanism of injury was not cited within the documentation provided. Within the clinical note dated 04/09/2014, it was noted the patient complained of left-sided neck pain and low back pain which radiated to the bilateral upper extremities and lower extremities and frequent severe migraines. She reported her pain level status varied from 6-9.5/10 with no new symptoms or acute illness; however, she stated there was continued constant aching bilateral knee pain which was worse to the left knee, and was exacerbated severely by weight bearing and made walking progressively difficult. It was noted that the patient continued to have constant varied neck and shoulder pain with intermittently radiating pain around her scapula and clavicles and upward along posterior lateral neck to scalp during migraines. The injured worker denied any new symptoms or acute illness, any new medication, any side effects of her medication regimen and the provider recommended refills without changes. Pain medication provided her the ability to have a manageable level of pain to complete necessary activities of daily living. Prescribed medication regimen included Dilaudid 2 mg, Percocet, Zofran 4 mg as needed for nausea once a day, Zomig, Soma, Valium 5 mg, and Climara patch. Physical examination of the cervical spine revealed moderate tightness to palpation and tenderness diffusely over the bilateral trapezii and inner scapular area with moderate to severe tenderness over left interscalene and left levator scapula. It was noted there was 75% restriction of cervical motion in all planes. The physical examination of the lumbar spine revealed diffuse tenderness to palpation moderately across the lumbosacral area extending to the bilateral SI joints. Lumbar spine forward flexion was 50% restricted, lumbar extension was 75% restricted and side to side flexion was 50% decreased. There was positive straight leg raises bilaterally. The diagnoses included postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago,

cervicalgia, myalgia and myositis unspecified, other symptoms referable to back, chronic pain syndrome, other forms of migraine, brachial neuritis or radiculitis NOS, unspecified internal derangement of knee, and pain in joint of the ankle and foot. The treatment plan included continuation of all conservative treatment measures including ice, heat, and rest, exercising and stretching as tolerated as well as ergonomic positioning especially positioning to relieve pressure on coccyx when sitting. Prescribed medications to be refilled included Dilaudid 2 mg, Percocet, Zofran 4 mg ODT 1 sublingual once a day #30, Lyrica 75 mg, and Zomig nasal spray. The request for authorization for Zofran 4 mg #30 for GI problems related to medications taken for cervical and lumbar spine and both knees disorder was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ZOFRAN 4MG #30 FOR GI PROBLEMS RELATED TO MEDICATIONS TAKEN FOR CERVICAL AND LUMBAR SPINE AND BOTH KNEES DISORDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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).

**Decision rationale:** The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The ODG guidelines state that current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Zofran is approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and acute use for gastroenteritis. In the clinical notes provided for review, there is a lack of documentation of the injured worker complaining of any gastrointestinal issues secondary to the prescribed medication regimen. The injured worker denies any medication side effects. It is not noted if the claimant used Zofran in order to treat side effects of the opioids used. Furthermore, the ODG guidelines do not recommend Zofran to be used for nausea and vomiting secondary to chronic opioid use. Therefore, the request for Zofran 4 mg #30 for GI problems related to medications taken for cervical and lumbar spine and both knees disorder is not medically necessary and appropriate.