

<b>Case Number:</b>	CM14-0023622		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, low back pain, migraine headaches, and peripheral neuropathy reportedly associated with an industrial injury of August 14, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a utilization review report dated February 24, 2014, the claims administrator denied a request for ondansetron or Zofran. The applicant's attorney subsequently appealed. A February 11, 2014 progress note was notable for comments that the applicant was having persistent nausea with Dilaudid. The applicant's medication list included Zofran, Dilaudid, hydrochlorothiazide, Lasix, Nucynta, Fioricet, Lidoderm, Phenergan, Flexeril, desipramine, Roxicodone, Ativan, Ambien, Zoloft, and a number of topical compounds. A variety of agents were renewed, including 60 tablets of Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOFRAN 8 MG #60 X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zofran Medication Guide.

**Decision rationale:** As noted on pages 78 of the MTUS Chronic Pain Medical Treatment Guidelines, attending provider should provide compelling evidence to support usage of a drug for non-FDA labeled purposes. In this case, Zofran is seemingly being furnished for non FDA approved purposes. As noted by the Food and Drug Administration, ondansetron or Zofran is used to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, the attending provider is seemingly employing Zofran for nausea and vomiting caused by opioid usage. This is not an FDA approved indication for Zofran. No compelling evidence was furnished to support its usage. Therefore, the request is not medically necessary.