

Case Number:	CM14-0023863		
Date Assigned:	06/16/2014	Date of Injury:	08/26/2009
Decision Date:	08/07/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 24-year-old female was reportedly injured on August 28, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain and right lower extremity pain. Current medications included Lyrica and oxycodone. There was stated to be decreased use of oxycodone. Therefore, the injured employee no longer requires omeprazole or ondansetron. Pain levels without medications were stated to be 9/10 and with medications 4/10 on the visual analog scale. The physical examination demonstrated a slightly antalgic gait with decreased lumbar spine range of motion in flexion and extension. Previous treatment included transforaminal epidural steroid injections at L4-L5 and L5-S1. A request had been made for Zofran and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8 MG 30, DISPENSE 20, REFILLS 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Zofran (Ondansetron) is a medication used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. The injured employee did not have any of these conditions. Furthermore, the most recent progress note, dated May 1, 2014, stated that there was no longer a need for ondansetron, due to decreased Oxycodone usage. For these multiple reasons, this request for ondansetron is not medically necessary.