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| Case Number: | CM14-0035364 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 04/30/2007 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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 Medicine and is licensed to practice in Arizona. 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:

This patient is a 44 year old male with a date of injury on 4/30/2007. Diagnoses include chronic pain, failed back surgery syndrome, lumbar spinal stenosis, dyspepsia, and chronic nausea and vomiting. Subjective complaints are of low back pain with radiation down the right leg. There is also insomnia, and anxiety. Physical exam shows lumbar paraspinal muscle spasm and tenderness over spinal vertebral area L4-S1. Range of motion of the lumbar spine is decreased. There is decreased sensation and motor strength in the L4-S1 dermatomes. Medications include Lyrica, Hydrocodone/Apap, Lunesta, Zofran, and Medical Marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zofran 4 mg #30: Upheld

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

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.

Decision rationale: The medical records indicate that the patient was under treatment for chronic low back pain, and has nausea and vomiting. Evidence of nausea appears to be only associated with the ongoing medication regimen. Ondansetron (Zofran) has FDA approval for short term use for nausea after anesthesia or chemotherapy, with no specific recommendation for nausea associated with medication use. Zofran, as per ODG guidelines is not recommended for nausea secondary to opioid therapy, but rather other etiologies should be evaluated. Since antiemetics are not recommended for nausea secondary to opioid use, the requested prescription for Zofran is not medically necessary.