

Case Number:	CM14-0039629		
Date Assigned:	06/27/2014	Date of Injury:	12/13/1991
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is an 86-year-old female with a 12/13/91 date of injury. The mechanism of injury occurred while she was walking to class when she turned her ankle and hit her breast, ribs, and head with a notebook that she was holding. In a progress report dated 1/15/14 the patient complained of low back pain that radiated to the right lower extremity. The patient's pain level was unchanged with average pain level of 5-6/10 with medications and 9/10 without medications. Objective findings: antalgic gait, range of motion of the lumbar spine revealed moderate reduction secondary to pain, spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level, lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. Diagnostic impression: lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, chronic pain, left ankle pain, status post left ankle fracture, left trigger thumb, history of scoliosis. Treatment to date: medication management, activity modification. A UR decision dated 3/18/14 denied the request for Zofran. Based on the currently available information, the medical necessity has not been established, and therefore, the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Odansetron (Zofran) 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

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: FDA (Ondansetron).

Decision rationale: The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. According to the UR decision dated 3/18/14, this is a retrospective request for date of service 1/17/14, and there is a RFA dated 1/17/14 in the reports reviewed. According to the progress notes provided for review, there is no documentation that the patient is suffering from nausea. There is documentation that the patient had surgery on 10/11/13, however the date of this request is far beyond the time frame the patient would need a post-operative medication. There was no rationale provided as to why the patient needs this medication. Therefore, the request for Odansetron (Zofran) 8mg #10 is not medically necessary.