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| <b>Case Number:</b>   | CM14-0040657 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 05/12/2003 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 03/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 5/12/03 date of injury. At the time (3/27/14) of request for authorization for Zofran 4mg #30 plus one refill. There is documentation of subjective (neck pain that radiates down bilateral upper extremity, low back pain that radiates down the bilateral lower extremities, and lower extremity pain in right knee and foot) and objective (not specified) findings, current diagnoses (lumbar radiculopathy, myositis/myalgia, vitamin D deficiency, chronic pain, liver cirrhosis; history of hepatitis B, and chronic nausea and vomiting), and treatment to date (medications (including ongoing treatment with Zofran)). There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Zofran 4mg #30 plus one refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

**Decision rationale:** MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, myositis/myalgia, vitamin D deficiency, chronic pain, liver cirrhosis; history of hepatitis B, and chronic nausea and vomiting. However, despite documentation of a diagnosis of chronic nausea and vomiting, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Zofran 4mg #30 plus one refill is not medically necessary.