

Case Number:	CM14-0042223		
Date Assigned:	07/02/2014	Date of Injury:	05/09/2002
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Tennessee. 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 a case of 53-year old male has submitted a claim for cervicalgia, cervicocranial syndrome, spasm of muscle, and post-laminectomy syndrome cervical region associated with an industrial injury dated 05/09/02. Medical records from 2013 to 2014 revealed increasing neck, upper and lower back pain that worsens with both sitting and standing. He has poor quality of sleep due to pain. Systems review denies any nausea, vomiting, diarrhea or constipation. On physical examination, he has limited active range of motion with paravertebral tenderness in lumbar, thoracic, and cervical spine. No new neurological findings was reported. Other PE findings were not noted. Treatment to date has included medications, surgery, aqua therapy, stretching exercises, and physical therapy. Medications taken include Ambien, Baclofen, Limbrel, Lyrica, OxyContin, Relpax, Senokot-S, Soma, Xanax, Zofran, Sancuso patch, and Percocet. Utilization review dated 03/27/2014 denied the request for Zofran ODT 8 mg every AM because of the lack of clinical necessity to continue the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 8 mg every AM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

Section, Anti-emetics for opioid use Other Medical Treatment Guideline or Medical Evidence:
FDA, Ondansetron

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1 (visited 08/14/14 2136H).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that the use of anti-emetics is not recommended for nausea and vomiting secondary to chronic opioid use. According to the FDA, ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. It is recommended for acute use as noted per FDA-approved. In this case, the patient does not have any history of chemotherapy and radiation therapy nor does he complain of any nausea or vomiting. The medical necessity for ondansetron has not been established. Therefore, the request for Zofran ODT 8 mg every AM is not medically necessary.