

Case Number:	CM14-0047596		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2008
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 55 year-old female was reportedly injured on January 31, 2008. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a stable clinical situation in this obese individual who demonstrates a steady stable gait. There is pain in the lumbar region, and tenderness to palpation. Diagnostic imaging studies objectified the postsurgical situation and degenerative changes were noted adjacent. Previous treatment includes multiple surgeries to include fusions at multiple levels, medications and other conservative measures. A request was made for the medication Zofran and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30 Every Day as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,pain chapter.

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

Decision rationale: When noting the date of injury, the injury sustained, the multiple surgical interventions completed, and the current clinical situation that is described as unchanged and stable; there is no clinical indication presented for an antiemetic preparation. This is a serotonin 5-HT 3 receptor antagonist indicated for nausea and vomiting. There are no complaints of nausea or vomiting noted in the progress notes reviewed. Furthermore, there is no evidence of gastroenteritis, which would require such medication. Therefore, based on the clinical information presented for review the request is not medically necessary.