

Case Number:	CM14-0062715		
Date Assigned:	07/11/2014	Date of Injury:	02/08/1997
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 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:

The injured worker is a 53-year-old female who sustained an injury on 02/08/1997. The injury reportedly occurred when while kneeling over and getting something out of a closet, she was hit by a passenger carrying luggage and was briefly knocked unconscious. Her diagnoses included post laminectomy syndrome of the lumbar region. Diagnostic studies included a chest x-ray on 12/21/2007, an MRI of the cervical spine on 09/25/2007, and an MRI of the right shoulder on 07/05/2007. Current medications included Bupropion ER(Wellbutrin XL) 150 mg 1 tab by mouth daily, Zolpidem Tartrate(Ambien oral), Buprenorphine-Naloxone (Suboxone) sublingual route daily, Ondansetron (Zofran) 1 by mouth daily, Lidocaine (Lidoderm) 5% (700 mg/patch) topical 1 patch every 12 hours, Gabapentin (Neurontin) 300 mg 3 times a day, Ergocalciferol (vitamin D oral), Alprazolam (Xanax oral), Celecoxib (Celebrex) 200 mg 1 cap daily, Levothyroxine (Synthroid, Levoxyl, Unithroid) 200 mcg 1 tab daily before breakfast, Celecoxib (Celebrex) 200 mg 1 cap daily, Bupropion ER (Wellbutrin XL) 150 mg daily, Bupropion ER (Wellbutrin) 75 mg 1 tablet daily, and folic acid 2 tablets daily. On 04/10/2014, the injured worker was seen for neck, shoulder, back, and leg pain. She reported increased pain and numbness in the left hand and arms starting for no clear reason about 11/2013. She had increased pain in her thumb trigger points on the right. She stated that her left rotator cuff was torn. She was currently not working. She reported 50% plus relief from the Suboxone. She was taking Zofran for nausea secondary to the Suboxone. She had gastritis as a result of medications she has been on for years. She was doing her home exercise and she was seeing a therapist. She stated that she had joined Weight Watchers and had lost 20 pounds. She rated her pain as 7/10 to 8/10 with medication. She felt the temporomandibular joint (TMJ) disease worsened her neck pain. She rated this left sided pain at 4/10. The request was for 30 tablets of ondansetron (Zofran) 8

mg. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ondansetron (Zofran) 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation (ODG-TWC), Online Edition, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

Decision rationale: The request for 30 tablets of Ondansetron (Zofran) 8 mg is not medically necessary. The injured worker has a history of pain. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. There is documentation as to the injured worker having nausea and vomiting due to pain medication. The request for Zofran is not supported for secondary use to chronic opioid use. As such, the request for 30 tablets of Ondansetron (Zofran) 8 mg is not medically necessary.