

Case Number:	CM14-0066804		
Date Assigned:	07/11/2014	Date of Injury:	05/19/1997
Decision Date:	08/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 63-year-old female who reported an injury on 05/19/1997. The injury reportedly occurred to her cervical lumbar spine, when the back of a chair dropped out. Her diagnoses include postlaminectomy syndrome of the lumbar spine and cervical disc displacement. Her past treatments were noted to include multiple medications, left shoulder surgery, and lumbar surgery. The most recent note provided for review was dated 04/24/2013, and indicated that the injured worker's symptoms included unspecified pain and decreased ability to perform her activities of daily living. Her medications were noted to include Frova, Soma, and Norco. The treatment plan included medication refills. A request was received for Zofran. However, a specific rationale for this request and the request for authorization form were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Zofran 4 mg #20 between 3/28/2014 and 6/9/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evers S, Afra J, Frese A, Goadsby PJ, Linde M, May A, Sander PS, European Federation of Neurological Societies. EFNS guidelines on the drug treatment of migraine-revised report of an EFNS task force. Eur J Neurol. 2009 Sept; 16(9)958-81. (215 references).

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

Decision rationale: According to the Official Disability Guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and is also approved for postoperative use. However, chronic use and use in the treatment of nausea and vomiting secondary to chronic opioid use is not supported. The clinical information submitted for review indicates that the injured worker was previously treated with opioid medications. However, no documentation was provided regarding the use of Zofran. Additionally, the injured worker was not shown to be postoperative, and there was no documentation indicating she was receiving chemotherapy or radiation treatment. In the absence of documentation showing a clear indication for use of Zofran, the request is not supported. In addition, the frequency of use was not provided with the request. For the reasons noted above, the request is not medically necessary.