

Case Number:	CM14-0067035		
Date Assigned:	07/11/2014	Date of Injury:	04/13/2002
Decision Date:	09/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 59-year-old female who reported an injury on 04/13/2002 after her ankle was caught between a slat and a pallet. The injured worker was conservatively treated with activity modifications, elevation, heat, medications, and physical therapy. However, the injured worker ultimately developed complex regional pain syndrome. The injured worker was treated with ganglion blocks, medications, and a spinal cord stimulator. The injured worker was evaluated on 04/07/2014. It was documented that the injured worker remained stable on her medications. Medications included tizanidine 4 mg, Prilosec 20 mg, Lidoderm patches, Lunesta 3 mg, Valium 10 mg, Norco 10/325 mg, and Zofran 8 mg. It was documented that the treating provider felt that the injured worker was stable on the current course of treatment and that it should not be altered. The injured worker's diagnoses included severe complex regional pain syndrome of the left lower extremity, status post spinal cord stimulator implantation, secondary chronic low back pain, and depression, anxiety, and insomnia. The injured worker's treatment plan included continued use of medications and a referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofram 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/ondansetron-and-dextrose.html 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) Pain chapter, Anti-emetics.

Decision rationale: The requested Zofram appears to be a typographical error. The request will be treated as the medication referred to in the clinical documentation Zofran 8 mg. The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend the use of Zofran for acute gastritis. The California Medical Treatment Utilization Schedule does not support the use of this medication to assist with alleviation of nausea and vomiting related to opioid usage. The clinical documentation does not clearly address the cause of nausea complaints. There is no documentation in the chart note dated 04/07/2014 that the injured worker was complaining of nausea and requires medication. There was no justification that the injured worker is suffering from acute gastritis versus side effects related to medication usage. Therefore, the use of this medication would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly define a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Zofran 8 mg is not medically necessary or appropriate.