MAXIMUS Federal Services

Case Number:	CM14-0069509		
Date Assigned:	07/14/2014	Date of Injury:	07/13/2001
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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 patient is a 54-year-old female who has submitted a claim for cervicalgia associated with an industrial injury date of July 13, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic, severe neck pain, bilateral upper extremity painful radiculopathy due to failed neck surgery syndrome and spondylosis. On physical examination, the patient was noted to have normal deep tendon reflexes in the upper and lower extremities bilaterally. There was a well-healed incision of the cervical spine. She had tenderness over C4 and C5 and of the paraspinal muscles. Range of motion was decreased in all planes. Examination of the thoracic spine noted tenderness over the T5-6 region. The patient had normal gait and posture and decreased sensation to light touch in the left C6 and left C7 dermatome. A urine drug screen done was positive for Alprazolam, Carisoprodol, Oxycodone and Oxymorphone. Treatment to date has included 2 cervical surgeries (fusion at C5-6 on an unstated date and fusion at C6-7 on an unstated date), and medications (including opioids). These medications allowed for continued ADLs and exercise. The medications and severe headaches were noted to cause nausea. Utilization review from May 2, 2014 denied the request for Zofran 8mg #30 due to inappropriate indications for the use of the medication. The Zofran package insert recommends the use of Zofran for treatment of nausea and vomiting due to chemotherapy or radiotherapy, or for patients who have nausea and vomiting due to anesthesia postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #30: 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.

Decision rationale: The California 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, and the Official Disability Guidelines (ODG) was used instead. As stated on Official Disability Guidelines, the use of anti-emetics is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted per FDA-approved. Other indications for Zofran according to its package insert are for treatment of nausea and vomiting due to chemotherapy or radiotherapy or for patient who have nausea and vomiting due to anesthesia postoperatively. In this case, the patient was not noted to be undergoing chemotherapy or radiation therapy and had not recently undergone surgery during the time of the request. Her nausea was linked to her severe headache and medication use, which presumably were the opioids. She had been chronically taking opioids since at least Nov 2013 and Zofran was given to counteract the nausea. Since it is not recommended in the guidelines to use anti-emetics such as Zofran for long periods of time to counteract the adverse effects, it is not medically necessary to prescribe Zofran to the patient. In addition to this, the dosing frequency of Zofran is not stated in the request. Therefore, therefore, the request for Zofran 8mg #30 is not medically necessary.