

<b>Case Number:</b>	CM14-0069972		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/15/2003
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Family Practice, 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:

This 54 yr. old female claimant sustained a work related injury on 7/15/03 involving the low back and legs. She has a diagnosis of failed back syndrome after undergoing a lumbar laminectomy. Her chronic pain had been managed with Flexeril, Fentanyl and Norco. Her constipation from opioid use was managed with Senna and Colace. She had been on Zofran since at least November 2013 daily for nausea related to medications. A progress note on 2/12/14 indicated she had continued chronic pain. An intrathecal pump and analgesics reduced her pain from 9 to 4/10. She denied any nausea. Additional Zofran 4 mg tablets were given with five refills. A progress note on 5/9/14 indicated continued 50% pain relief with medications previously given. No nausea was noted. Additional Zofran was prescribed with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Zofran 4mg, #60 with 2 refills:** 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) Antimetotics and Pain.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on Zofran. According to the Official Disability Guidelines, Zofran is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is not indicated for nausea due to opioid use. In addition, it is not intended for long-term use. The continued use of Zofran for unapproved indications is not medically necessary.