

Case Number:	CM14-0076615		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2002
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal 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 53 year old male injured on 05/09/02 while stocking merchandise on a shelf when pain in the shoulder, neck, and lumbar spine was felt. The diagnoses include cervicgia, cervicocranial syndrome, spasm of muscle, and cervical post-laminectomy syndrome. The clinical note dated 05/06/14 indicated the injured worker presented complaining of neck pain with right arm pain and numbness, bilateral shoulder pain, and low back pain radiating to the left. The injured worker rated average pain at 8-10/10, mood at 7-9/10 and functional level at 8-10/10. The injured worker also complained of poor sleep quality due to pain in the neck. A physical examination revealed sitting in a chair with ongoing baseline pain going to the lower back to the left side, pain increases with both sitting and standing, axial low back pain left greater than right due to facet disease, axial pain greater than radicular pain, limited active range of motion, and paraspinal tenderness in the lumbar/thoracic/cervical spine. The documentation indicated the injured worker reported no pain with right arm pain/cervical radiculopathy status post radiofrequency ablation of left cervical medial branch block the injured worker is status post right shoulder arthroscopy for impingement symptoms with improvement. The injured worker has a long standing history of hypertension, chronic bronchitis, tobacco dependency, opioid dependence with efficacy, poor sleep hygiene, and NSAID intolerance. The documentation indicates continuation of OxyContin increased from 20mg to 30mg Q 8 hours, Percocet 10/325mg increased from BID to TID, Baclofen 20mg BID PRN, Limbrel 500mg BID, Xanax 0.25mg BID, Soma BID, Zofran ODT 8mg Q AM, Lyrica 75mg BID, Sancuso 1 patch every week, Senokot-S 1-2 BID, and Ambien CR 12.5mg QHS. The initial request for Zofran ODT 8mg 5x2 30s was initially non-certified on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN ODT 8 MG 5X2 30S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines and on the Non-MTUS National Library of Medicine.

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

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured patient has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Zofran ODT 8mg 5x2 30s is not medically necessary.