

Case Number:	CM14-0077961		
Date Assigned:	07/23/2014	Date of Injury:	07/27/2011
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a male patient with a date of injury of July 27, 2011. A utilization review determination dated May 21, 2014 recommends that Zofran 4 mg #90 is not medically necessary. A progress note dated June 23, 2014 identifies subjective complaints of chronic low back pain, significant pain when seated in a car to travel. His drive to the office visit causes a back pain level of 9/10 with medications. When not seated in a car his medications reduce his pain to about a 7/10. Current medications include; MS Contin, 30 mg, six tablets a day, Oxybutynin, 5 mg, Zofran TID, Mirtazapine, 15 mg TID, Atorvastatin, 10 mg TID, and Trazadone, 100 mg TID. There was no physical examination performed. Diagnoses include chronic prostatitis status post transurethral prostatectomy, chronic bilateral groin pain, and history of bilateral inguinal hernia repair, posttraumatic stress disorder, depression, and conversion disorder. The treatment plan recommends prescription refill of MS Contin, 30 mg #180, prescription refill of Oxybutynin, 5 mg #200, urine drug screen, and follow up with authorized Urologist and Dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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 Chapter, Antiemetic.

Decision rationale: Regarding the request for Zofran, 4mg, #90, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Zofran is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in the progress report provided for review. In the absence of clarity regarding those issues, currently requested Zofran 4mg #90 is not medically necessary and appropriate.