

<b>Case Number:</b>	CM14-0081881		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 62-year-old male who has submitted a claim for lumbosacral spondylosis associated with an industrial injury date of November 23, 2004. Medical records from May 2, 2012 up to May 6, 2014 were reviewed showing improvement of neck, low back, knee, and shoulder pain with medications. He has remained functional but stated experiencing nausea due to his medications. He reported pain intensity of 2/10 with medications and 10/10 without medications. Physical exam showed antalgic gait. Lumbar spine examination revealed decreased sensation in the right lower extremity over the L4- L5 dermatome, paraspinal tenderness, pain on flexion and extension, and positive straight leg raise bilaterally. Treatment to date has included C6-7 interlaminar epidural steroid injection, Zofran 8mg, Tizanidine, Diclofenac Sodium, Norco, Gabapentin, Diprolene, Claritin, Prinzide, Zestoretic, Medrol, Prinivil, Zestril, Proventil, Xopenex, Phenergan with Codeine, Symbicort, Astepro, and Prozac. Utilization review from May 21, 2014 denied the request for Zofran 8mg #30 and Urine Drug Screen. Examination was negative for aberrant behaviors and the social history was negative for drug use. The reason for the denied request for Zofran was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 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 CA 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, the Official Disability Guidelines (ODG) was used instead. As stated on ODG, 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 has been taking opioids (Norco) since at least March 2012. Patient is experiencing nausea due to his medications. However, the patient was not noted to be undergoing chemotherapy or radiation therapy and had not recently undergone surgery during the time of the request. Since it is not recommended in the guidelines to use anti-emetics such as Zofran for long periods to counteract the adverse effects, it is not medically necessary to prescribe Zofran to the patient. Moreover, the guideline clearly states that anti-emetics are not recommended for nausea secondary to opioid intake therefore, the prospective request for Zofran 8mg #30 is not medically necessary.

**Prospective Request for Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates- Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines- Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. As per ODG, patients at "moderate risk" for addiction/aberrant behavior are recommended for POC screening 2-3x/year. These include patients with comorbid psychiatric pathology. In this case, the patient has symptoms of depression and is currently taking Prozac. Moreover, a urine drug screen dated December 14, 2012 showed that the patient tested positive for phenobarbital, which was not documented as prescribed. The frequency of urine drug testing requested is in accordance with the guidelines. Therefore, the request for toxicology - urine drug screen is medically necessary.