

Case Number:	CM13-0044528		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2004
Decision Date:	10/05/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial-work injury on 11-30-04. He reported initial complaints of a low back injury. The injured worker was diagnosed as having lumbago, and medication induced gastritis. Medical records dated 3-15-13 to 10-2-13 indicate ongoing back pain and radicular symptoms to the lower extremities which have gotten significantly worse. The injured worker is having difficulty with ambulating, weight bearing and sleeping. Treatment to date has included pain medication, lumbar epidural steroid injection 2-7-13 and 9-19-13, diagnostics, surgery, and other modalities. Per the primary physician's progress report (PR-2) dated 10-2-13, the physical exam reveals that he uses a single point cane to ambulate slowly with antalgic gait favoring the left lower extremity. The lumbar exam reveals tenderness to palpation, increased muscle rigidity, numerous trigger points palpable and tender throughout the lumbar spine, and there was noted muscle guarding with range of motion testing and decreased lumbar range of motion was noted. The straight leg raise in modified sitting position was positive at 65 degrees. The physical exam findings that are noted are related to the lumbar spine, the physician did not make comment regarding abdominal findings related to nausea or vomiting or gastrointestinal problems. The pain medications included MS Contin, OxyContin, and Norco, Valium, Protonix, Fexmid, Dendracin topical analgesic and Zofran since 8-2-13. The requested treatment includes 10-day supply of ZOFRAN ODT, 8mg tablet. The Utilization Review on 10-24-13 denied a request for 10-day supply of ZOFRAN ODT, 8mg tablet as its use is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day supply of Zofran ODT, 8mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

Decision rationale: This claimant was injured in 2004 with lumbago, and medication-induced gastritis. The physical exam findings that are noted are related to the lumbar spine, the physician did not make comment regarding abdominal findings related to nausea or vomiting or gastrointestinal problems. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT₃ 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. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is not medically necessary.