

<b>Case Number:</b>	CM14-0117055		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 (IW) is a 51 ( ) year old female, who sustained an industrial injury on 1-20-1999. The injured worker is being treated for lumbar post laminectomy syndrome, cervical facet osteoarthritis, lumbar degenerative disc disease, coccydynia, lumbar arthropathy, lumbar radiculopathy, cervicalgia, migraines triggered by cervicalgia and degenerative joint disease bilateral knees. Treatment to date has included diagnostics, surgery, medications, ice and heat application, home exercises, and cervical epidural steroid injection (4-15-2014). Per the Primary Treating Physician's Progress Report dated 6-06-2014 the injured worker reported left sided neck and low back pain which radiates to the bilateral upper extremities and lower extremities and frequent severe migraines. Current medications include Dilaudid, Percocet, Zofran, Zomig, Soma, Valium and Climara patch. She rated her pain as 6-7 at the time of the exam with medications and 8-9 out of 10 without the use of medications. Objective findings included tenderness to palpation of the cervical and lumbar spine with restricted ranges of motion. The IW has been prescribed Zofran since at least 1-09-2014. Per the medical records dated 1-09-2014 to 7-08-2014 there is no documentation of a reason that antiemetics are being prescribed on a long term basis. The IW has not had recent surgery. Work status was not provided at this visit. The plan of care included physical therapy, appointment of a nurse case manager, continuation of conservative treatments and refill of medications and authorization was requested for Zofran 4mg #30. On 7-16-2014, Utilization Review non-certified the request for Zofran 4mg #30 for neck and low back pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg, #30 for neck and low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders, Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary \(www.odg.twc.com/odgtwc/formulary.htm.\)](https://www.acoempracguides.org/Low%20Back;Table%202,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders,%20Goodman%20and%20Gillman's,%20The%20Pharmacological%20Basis%20of%20Therapeutics,%2011th%20ed.,%20McGraw%20Hill%202006%20and%20ODG%20Workers%20Compensation%20Drug%20Formulary%20(www.odg.twc.com/odgtwc/formulary.htm.))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

**Decision rationale:** Guidelines recommend zofran for the prevention of nausea and/or vomiting in the perioperative setting or in the setting of chemotherapy or radiation therapy. In this case, the claimant has not undergone recent surgery and is not receiving chemo or radiation therapy. The request for zofran 4 mg #30 is not medically appropriate and necessary.