

Case Number:	CM14-0191630		
Date Assigned:	11/24/2014	Date of Injury:	04/18/2007
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 44 year old female with an injury date of 04/18/07. Based on the 04/21/14 progress report, the patient complains of neck pain which radiates to the right upper extremity with associated tingling, numbness, and headaches. The patient also has persistent low back pain which radiates to the lower extremities with numbness and tingling. There is hardware-related pain. Physical examination of the cervical spine reveals paravertebral muscle spasm. The patient has a positive axial loading compression test and there is extension of symptomatology in the upper extremities. Generalized weakness and numbness has been noted. There is +/- C5-6 roots and dermatome in the right upper extremity. Cervicalgia is noted. In regards to the lumbar spine, there is pain and discomfort over the top of palpable hardware as well as in the lumbosacral junction. "Reproducible symptomatology with transient symptoms into the lower extremities has also been noted." The 05/19/14 report states that the patient has severe pain in the back radiating to the left lower extremity, left buttock, left thigh, left calf, ankle, and foot. She has difficulty ambulating due to the severe pain and weakness. The 09/11/14 report states that the patient has neck and upper extremity pain, mid back pain, low back pain, headaches, abdominal pain, and left hip pain. She has severe tenderness over the greater trochanter left hip and pain with internal/external rotation of the left hip. The patient's diagnoses include the following: Degenerative disc disease cervical spine with cervical radiculopathy, Degenerative disc disease, lumbar spine with lumbar radiculopathy, status post lumbar spine with lumbar radiculopathy, status post lumbar laminectomy, discectomy, fusion on 01/31/14 and subsequent removal of lumbar hardware on 05/30/14, Thoracic radiculopathy secondary to degenerative disc disease, thoracic spine status post thoracic laminectomy and discectomy in 2012. Anesthetic and

steroid left hip joint injection. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 04/21/14- 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg 3-4 tablets daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain

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) chapter, Antiemetics (for opioid nausea)

Decision rationale: The 09/11/14 report states that the patient presents with neck and upper extremity pain, mid back pain, low back pain, headaches, abdominal pain, and left hip pain. The request is for Zofran 8 mg 3-4 Tabs Daily #120 for nausea and vomiting related to opioid analgesics. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. 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." Per progress report dated 09/11/14, Zofran is prescribed for nausea and vomiting related to opioid analgesics. However, the treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. Furthermore, Zofran is not recommended by ODG for nausea and vomiting secondary to chronic opioid use. The request does not meet guideline indications. The request for Zofran is not medically necessary.