

Case Number:	CM14-0193768		
Date Assigned:	12/01/2014	Date of Injury:	05/09/2002
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Practice 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 52 yr. old male claimant sustained a work injury on 5/9/2002 and a car accident on 11/6/09 involving the shoulder, neck and back. He was diagnosed with cervical radiculopathy, tobacco disorder, right shoulder impingement syndrome, low back pain and myofascial pain due to spasms. An MRI of the cervical and lumbar spine in 2011 indicated disc bulging at L5-S1 and disc disease and fusion of C5-C6. He had undergone shoulder arthroscopy. He had been on opioids, anti-spasmodics ,neuroleptics , Zofran and Xanax since at least February 2013. A progress note on 10/21/14 indicated the claimant had continued pain in the involved areas. He had a poor sleep pattern due to neck pain. Ambien was used to help sleep. Exam findings were notable for axial low back pain and paraspinal tenderness. He denied any nausea, vomiting or gastrointestinal complaints. He remained on Oxycontin, Percocet, Limbrel, Xanax Relpax, Zofran (for medication related nausea),and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 8 mg, thirty count: 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) anti-emetics

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses and had been using Zofran for over a year. Continued use of Zofran is not medically necessary.