

Case Number:	CM14-0198798		
Date Assigned:	01/21/2015	Date of Injury:	01/01/2010
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/26/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 41-year-old female who has submitted a claim for complex regional pain syndrome of the right lower extremity and right knee strain associated with an industrial injury date of 1/1/2010. Medical records from 2014 were reviewed. The patient complained of persistent right leg pain that changed in color and coolness with decreased muscle girth. She also reported burning sensation at the anterior shin associated with cramping episodes. She reported nausea secondary to opioid intake but had been relieved with Zofran intake. Physical examination showed tenderness of right knee, atrophy of right thigh measured at 37.5 cm (compared to 40 cm at the left), negative straight leg raise test, weakness of right quadriceps and extensor hallucis longus rated 5-/5, and hyporeflexia of right Achilles rated . Treatment to date has included three lumbar sympathetic blocks, acupuncture, physical therapy and medications such as Lyrica, propranolol, ibuprofen, Norco and Zofran (since at least July 2014). The utilization review from 11/25/2014 denied the request for Zofran 4mg #30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #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) Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron.

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the patient reported nausea secondary to opioid intake. She was started on Zofran since at least July 2014 and reported symptom relief. However, the guideline clearly indicates that Ondansetron is not recommended for nausea secondary to opioid use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Zofran 4mg #30 is not medically necessary.