

Case Number:	CM14-0200760		
Date Assigned:	12/11/2014	Date of Injury:	01/20/1998
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This is a 60-year old woman with a work related injury dated January 20, 1998. A physician's visit dated October 5, 2014 revealed tenderness in the right shoulder with normal range of motion except for decreased flexion, grip strength decreased in the right hand due to pain, and range of motion of the back decreased in flexion, extension and right and left lateral bending. Diagnoses at this visit included chronic low back pain, chronic shoulder pain, cervical spine strain and left foot strain and contusion. The documentation of the physician's visit dated November 12, 2014 reflected the worker was complaining of low back and left leg neuritis. Pain was rated a five on a scale of ten with medications and nine without medications. Medication regime at this visit included Lyrica and Zofran. Physical exam was remarkable for an antalgic gait with pain and difficulty with transfer from sitting to standing. There was decreased range of motion for flexion and extension and paraspinous muscle tenderness without spasm, positive straight leg lift on the left at forty degrees and range of motion grossly normal for major joints. Diagnoses at this visit included depression/anxiety, neuropathy with neuralgia neuritis and radiculitis unspecified. Plan of treatment at this visit included continuation of current medication with change in pain medication from hydrocodone to Percocet. The utilization review decision dated October 28, 2014 non-certified the request for Zofran 4 Mg, twenty count. The rationale for the denial references the ODG, Pain Chapter, Ondansetron (Zofran). Per the guidelines, Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. The documentation indicates that Zofran was prescribed for severe nausea. Since the guidelines do not recommend its use for nausea and vomiting secondary to chronic opioid use, this request was therefore not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 MG #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Ondansetron

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the adverse side effects experienced in patients who are long-term users of opioids. These adverse side effects include nausea and vomiting. The Official Disability Guidelines (ODG) comment on the use of anti-emetics such as Zofran is for the treatment of nausea and vomiting. The ODGs state the following: Not recommended for nausea and vomiting secondary to chronic opioid use. Medication is recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. 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. In summary, the cited guidelines do not support the use of an anti-emetic drug such as Zofran for the treatment of nausea and vomiting associated with chronic opioid use. Zofran is not a medically necessary treatment.