

Case Number:	CM14-0202710		
Date Assigned:	12/15/2014	Date of Injury:	01/07/1981
Decision Date:	03/02/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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: California
 Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 01/07/1981. This patient receives treatment for chronic neck pain with some radiation down the arms. Documentation regarding the original injury and its management were not provided. The patient receives treatment for chronic neck pain. The patient has "failed neck" having had anterior cervical discectomy and fusion on 03/14/2012. The patient receives chronic opioid therapy. The patient receives medications which include Percocet, Zofran, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and On-Going Management Page(s): 76-78.

Decision rationale: This patient had a UDS in 2013. There is no documentation that suggests the patient exhibits "red flags" of aberrant drug-taking behaviors or addiction. Urine for drug screening is medically indicated when drug addiction or drug-related aberrant behavior is suspected. A urine drug screen is not medically indicated at this time.

Zofran 8 mg #30 with 3 refills: 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 Other Medical Treatment Guideline or Medical Evidence: Prevention and treatment of chemotherapy-induced nausea and vomiting, by [REDACTED], in UpToDate.com.

Decision rationale: Ondansetron is a 5-HT₃ agonist. It is a potent anti-nausea agent indicated to treat the nausea and vomiting associated with chemotherapy and some post-operative states. The medical documentation does not make clear exactly what the indication is for using Zofran for this patient, but chemotherapy or surgery is not relevant at this time. Zofran is not medically indicated.