

Case Number:	CM14-0208067		
Date Assigned:	12/22/2014	Date of Injury:	01/07/1981
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, 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 53-year-old female with a date of injury of 01/07/1981. According to progress report dated 10/17/2014, the patient presents with right shoulder blade pain, neck pain, and headaches. The pain is rated as 6/10 to 7/10 on a pain scale. The patient also complains of constant nausea that she states is due to her pain symptomatology. The patient reports that she depends on her medication for pain to function in a capacity during the day. The patient states without Percocet, she would not be able to get out of bed every morning. The patient's current medications include Percocet, Zofran, and Lunesta. Physical examination on this date revealed Jamar Grip Dynamometer Strength Reading revealed 18/18/16 kg on the right and 12/12/14 kg on the left. There was tenderness noted over the bilateral posterior cervical paraspinal and bilateral upper trapezius muscles. Muscle spasm and myofascial trigger points were noted. Active range of motion of the cervical spine was decreased in all planes. Increased neck pain was reported upon the extremes of all ranges of motion. The listed diagnoses are: 1. Herniated nucleus pulposus, cervical spine. 2. Radicular pain, bilateral arms. 3. Mild carpal tunnel syndrome. 4. Post-ACDF, DOS: 03/14/2012. Treatment plan is for refill of medications including Zofran 8 mg #30, 2 refills of Percocet 10/325 mg #120. A request was also made for a urine drug screen to monitor for medication compliance and patient was instructed to return in 4 weeks for reevaluation. The patient is to remain permanent and stationary as before. The utilization review denied the request on 11/26/2014. The medical file provided for review includes 2 progress reports dated 09/19/2014 and 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Zofran 8 MG: 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)

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)

Decision rationale: This patient presents with right shoulder blade pain, neck pain, and headaches. The patient also complains of constant nausea secondary to her pain. The current request is for #30 Zofran 8 mg. The MTUS and ACOEM Guidelines do not discuss Ondansetron. The Official Disability Guidelines has the following regarding Antiemetic under the Pain Chapter, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "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 this case, the treating physician has initially prescribed this medication on 09/19/2014 for the patient's nausea secondary to pain. The Official Disability Guidelines do not support the use of Ondansetron other than nausea following chemotherapy, acute gastroenteritis, or for postoperative use. The patient does not meet the indication for this medication. The requested Zofran is not medically necessary.