

Case Number:	CM14-0049644		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2005
Decision Date:	04/06/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old female, who sustained an industrial injury on April 10, 2005. Her diagnoses include back pain, facet arthropathy, and degenerative disc disease. She was status post left knee arthroscopy times two, and status post left carpal tunnel release. She has been treated with MRI, electrodiagnostic studies, psychotherapy, lumbar rhizotomy in 2013, and medications including oral and topical opioid pain, anti-epilepsy, antidepressant, proton pump inhibitor, muscle relaxant, and anti-emetic. On February 3, 2015, her treating physician reports she is not a surgical candidate. Her current anti-epilepsy medication helps and her neuropathic pain has improved. She has severe left knee pain, and continued symptomatic left-sided low back pain and symptomatic cervical spine pain. Current medications include pain, muscle relaxant, anti-epilepsy, proton pump inhibitor, and anti-emetic medications. The physical exam revealed midline cervical spine and bilateral paraspinal musculature tenderness, well-healed incision scar over the left palm, well-healed incision scar over the distal radius looks hypertrophic, tenderness to palpation of both scars, moderate bilateral lumbar paraspinal tenderness with spasms, positive left straight leg raise, slight decreased strength of the left leg, and left knee tenderness. The treatment plan includes continuing the current anti-emetic medication for treatment of nausea and vomiting due to medications. On March 10, 2015 Utilization Review non-certified a prescription for Zofran 4mg bid (by mouth) #40, noting the medication is not recommended for the treatment of nausea and vomiting due to chronic opioid use. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg two times daily # 40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter on Ondansetron/Zofran.

Decision rationale: This patient presents with severe left knee pain, low back pain, and cervical spine pain. The patient is status post lumbar rhizotomy from 01/31/2013. The treater is requesting ZOFRAN 4 MG 2 TIMES DAILY, QUANTITY 40. The RFA was not made available for review. The patient's date of injury is from 04/10/2005, and the patient's current work status was not made available. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on ondansetron -Zofran- does not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The records show that the patient was prescribed Zofran on 11/21/2013. The 02/13/2014 report notes that Zofran was prescribed to counteract nausea secondary to medication use. In this case, ODG does not support the use of Zofran for nausea or vomiting due to chronic opiate use. The request IS NOT medically necessary.