

Case Number:	CM15-0009071		
Date Assigned:	01/27/2015	Date of Injury:	01/05/2011
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, 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:

The injured worker is a 51 year old male who sustained an industrial injury on 01/05/2011. He has diagnoses of degenerative lumbosacral intervertebral disc disease, post-laminectomy syndrome of the lumbar regions, thoracic and lumbosacral neuritis and radiculitis, lumbosacral spondylosis without myelopathy, depressive disorder, and generalized anxiety. The provider progress note dated 12/05/2014 documents the injured worker complains of low back pain which radiates to the left leg, neck and left arm pain. It is a constant and burning, with spasms and it is stabbing and aching. He has associated headaches, light-headedness, nausea, vomiting, and fatigue. His neck and lumbar spine have tenderness with palpation. The injured worker states the pain is controlled with medications however he often gets nauseated. Treatment to date has included medications. The treating provider is requesting Zofran 4 mg, # 90 with no refills. On 12/17/2014 Utilization Review non-certified the request for Zofran 8mg, # 90 with no refills citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg, ninety count with no refills: 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 anti-emetics

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary.