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| Case Number: | CM15-0137879 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 07/25/2011 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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: California, North Carolina
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 59 year old female who sustained an industrial injury on 7/25/11. The mechanism of injury was unclear. On physical exam there was mild tenderness at the right sacroiliac sulcus. Medications were Butrans, gabapentin, Norco, Cyclobenzaprine, Omeprazole, and naproxen. Diagnoses include thoracic/ lumbosacral neuritis; spinal stenosis lumbar spine with neurogenic claudication; spondylolisthesis; arthralgia of the pelvic region and thigh. Treatments to date include physical therapy. Diagnostics include x-ray of the pelvis (1/22/15) showing status post right sacroiliac joint rod stabilization without evidence of instability; MRI of the lumbar spine (4/17/15) showing post-operative changes, right paracentral protrusion, bilateral stenosis. On 7/7/15 Utilization review evaluated a request for Zofran 4 mg #10 for nausea. Current records available do not address this issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #10 1 everyday as needed for Nausea: 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, Zofran and on the Non-MTUS PDR, Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (antiemetics).

Decision rationale: CA MTUS does not address use of Zofran. ODG states that Zofran is indicated in prevention of nausea/vomiting caused by radiation therapy or chemotherapy for cancer or to prevent these problems following surgery. This patient does not meet the above criteria for the use of Zofran. Thus the request is not medically necessary or appropriate.