

Case Number:	CM15-0138569		
Date Assigned:	07/28/2015	Date of Injury:	12/16/1999
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old female who sustained an industrial injury on 12/16/99. The mechanism of injury was unclear. She currently (12/19/14) complains of low back pain with a pain level of 5/10 with medications and 10/10 without medications. She reports worsening of pain since previous visit. She reported episodic gastritis that was medication relayed. Her activities of daily living were limited in the areas of self-care and hygiene, ambulation and sleep. She reported 90% improvement with medications. On physical exam of the lumbar spine there was tenderness on palpation in the spinal vertebral area with decreased range of motion. Medications were Celebrex, tizanidine, Morphine, Zofran. Diagnoses were lumbar radiculopathy; chronic pain; chronic nausea. Treatments to date include medications; home exercise program. Diagnostics include MRI of the lumbar spine (3/16/10) showing disc desiccation; computed tomography of kidney, ureter, bladder (5/27/09) revealed large left renal stone, gallstones, adrenal adenomas, fibroid uterus. In the progress note dated 12/19/14 the treating provider's plan of care includes a request for Zofran 4 mg #30 with 1 refill for nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30 with 1 refill (DOR 6/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran 4mg #30 with 1 refill is not medically necessary.