

Case Number:	CM15-0141334		
Date Assigned:	07/31/2015	Date of Injury:	10/18/2013
Decision Date:	09/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 46 year old female, who sustained an industrial injury on October 18, 2013. She reported neck pain radiating down the left arm and into the fingers of the left hand. The injured worker was diagnosed as having single level cervical spondylosis with myelopathy, cervical stenosis with myelopathy, probable osteoarthritis of the wrists and bilateral lateral epicondylitis. Treatment to date has included diagnostic studies, radiographic imaging, electromyogram, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain radiating down the left arm to the first three fingers of left hand. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 13, 2015, revealed continued pain as noted. There were no diagnoses related to gastrointestinal upset. Evaluation on June 5, 2015, revealed continued pain with associated symptoms as noted. Magnetic resonance imaging of the cervical spine revealed mild cervical stenosis and spurs that may cause impingement but otherwise normal. Electromyography revealed mild to moderate acute denervation on the right at cervical 5-6 and negative findings on the left. The physician noted she was at maximum medical improvement with permanent restrictions of no repetitive movements or fixed postures of the neck. Cervical epidural steroid injections were recommended. She rated her pain at 6 out of 10 with 10 being the worst. It was noted ibuprofen and Naproxen caused gastrointestinal upset however it was noted she no longer used ibuprofen or Naproxen. There was no indication of diagnoses related to gastrointestinal upset. Zofran 4mg, #10 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron (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 (Chronic) chapter, under Anti-emetics (for opioid nausea).

Decision rationale: The patient presents on 07/07/15 with neck pain rated 4-5/10 which radiates into the left upper extremity. The patient's date of injury is 10/18/13. Patient has no documented surgical history pertinent to this request. The request is for Zofran 4mg #10. The RFA was not provided. Physical examination dated 07/07/15 reveals diffuse tenderness to palpation throughout the neck, bilateral wrists, and bilateral humeral condyles. The patient is currently prescribed Flexeril and Celebrex. Patient is currently classified as permanent and stationary. ODG guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea) has the following: Not recommended for nausea and vomiting secondary to chronic opioid use. 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 regard to Zofran, the treater has not provided a reason for the request. A review of recent progress reports fails to locate a rationale for this request. There is some documentation that this patient experiences GI upset secondary to NSAID utilization, however there is no evidence of a nausea complaints, recent surgical procedures, or current utilization of narcotic medications. Without a clearer rationale for this medication's utilization, or a recent/planned surgical procedure, medical necessity cannot be substantiated. The request is not medically necessary.