

<b>Case Number:</b>	CM15-0160850		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/28/1997
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 a 51-year-old female who sustained an industrial injury on April 28, 1997 resulting in neck pain. Diagnoses have included cervicgia, neck sprain, and displaced cervical disc. Documented treatment has included multiple medications addressing pain and sleep, and the treating physician's plan of care includes adding Zofran 8 mg. Work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Zofran 8mg #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 (ODG), Pain (Chronic), 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 (ODG) Pain section, Zofran.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #10 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary

chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnosis is displacement cervical intervertebral disc without myelopathy. Date of injury is April 28, 1997. Request for authorization is July 13, 2015. According to the June 23, 2015 progress note, the injured worker's subjective complaint is right upper extremity pain 8/10. Injured worker presented for refills of medications. The worker denies gastrointestinal upset. Current medications include Lidoderm, Soma, Ambien CR and Norco. There is no documentation in the medical record of nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; or gastroenteritis. Zofran was not listed in the current list of medications. Zofran was not listed in the treatment plan. As a result, there is no clinical indication or rationale for Zofran. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for Zofran, Ondansetron (Zofran) 8 mg #10 is not medically necessary.