

<b>Case Number:</b>	CM15-0164513		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 54-year-old male, who sustained an industrial injury on 5-24-2012. He reported that a bag filled with granulated plastic fell on his head as he was bent down. The injured worker was diagnosed as having chronic pain. Treatment to date has included diagnostics, cervical spinal surgery, medial branch blocks (12-15-2014), and medications. A progress-operative report (12-15-2014) was handwritten and difficult to decipher. Abdominal-gastrointestinal exam was within normal limits. Complications following medial branch blocks were not noted. Medications in and around that time included Omeprazole. The rationale for Zofran was not documented and could not be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #30:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 14.

**Decision rationale:** According to the ODG guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT<sub>3</sub> 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. The claimant was on high dose opioids likely contributing to the symptoms. The continued use of Zofran (Ondansetron) is not medically necessary.