

<b>Case Number:</b>	CM15-0166161		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 40 year old female, who sustained an industrial injury on August 19, 2014, resulting in pain or injury to the right shoulder and cervical spine. Currently, the injured worker reports right upper extremity pain. A review of the medical records indicates that the injured worker is undergoing treatment for arthropathy of the shoulder, cervical disc degeneration, cervical disc displacement without myelopathy, sleep disturbance, and sprains and strains of the neck. Per the Treating Physician's progress report dated August 3, 2015, the injured worker rated her pain as 6 out of 10 with zero being no pain and 10 having the worst pain possible. The injured worker's condition was noted to be associated with nausea, numbness, and tingling. Physical examination was noted to show the cervical paravertebral muscles with tenderness on the right side, and tenderness noted on the right shoulder acromioclavicular joint. The Physician noted the addition of Zofran due to complaints of nausea with taking Ultracet, even if accompanied by food. The injured worker's work status was noted to be remaining at modified duty until the next clinic visit. Prior treatments have included cervical epidural steroid injections (ESIs), at least 6 sessions of acupuncture noted to be not effective, a TENS unit, and current medications including Eszopiclone, Topiramate, Lidopro ointment, Terocin patches, Senna Laxative, and Ultracet. The request for authorization dated August 3, 2015, requested Zofran 4 mg with a quantity of 30. The Utilization Review (UR) dated August 12, 2015, denied the request for Zofran 4mg qty 30, not shown to be medically necessary, as the guidelines do not support long term use of Zofran for treatment of opioid-induced nausea.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg Qty: 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), Ondansetron (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDA-Ondansetron.

**Decision rationale:** The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of nausea or vomiting not controlled by first line agents. Ondansetron is supported for nausea/vomiting related to cancer chemotherapy, radiation therapy and surgery. As the medical records do not reflect any of these conditions, ondansetron is not supported for the insured. Therefore the request is not medically necessary.