

Case Number:	CM15-0180088		
Date Assigned:	09/15/2015	Date of Injury:	06/08/2000
Decision Date:	10/26/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 8, 2000. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve to request for Zofran. The claims administrator referenced a progress note dated July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of back pain, neck pain, hand pain, arm pain, knee pain, and foot pain with associated headaches, 8 to 9/10. The applicant also had issues with spinal stenosis, lumbar radiculitis, and reflux sympathetic dystrophy, it was reported. A variety of medications were endorsed, including Suboxone, Nuvigil, Cymbalta, Zofran, Linzess, lactulose, Topamax, Imitrex, and Lidoderm. The applicant was asked to pursue an epidural steroid injection. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant's GI review of systems was positive for nausea, vomiting, and constipation, presumably associated with opioid usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #90: 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, Ondansetron (Zofran); Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for Opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ondansetron (marketed as Zofran) Information.

Decision rationale: No, the request for Zofran, an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support the same. The Food and Drug Administration (FDA) notes that, however, that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, there was no mention of the applicant's having had cancer chemotherapy, radiation therapy, and/or surgery on or around the date of request, July 7, 2015. Rather, it appears that the applicant was intent on employing Zofran for issues with opioid-induced nausea, i.e., a role for which antiemetics such as Zofran are not recommended, per ODG's Chronic Pain Chapter Antiemetics topic. The attending provider failed to furnish a clear or compelling rationale for continued usage of Zofran in the face of the unfavorable FDA and ODG positions on the same in the clinical context present here. Therefore, the request was not medically necessary.