

<b>Case Number:</b>	CM15-0182992		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

Certification(s)/Specialty: Emergency 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 37 year old male, who sustained an industrial injury on 8-16-2005. The medical records indicate that the injured worker is undergoing treatment for irritable bowel syndrome. According to the progress report dated 7-23-2015, the injured worker presented with complaints of frequent nausea and vomiting. The physical examination did not reveal any significant findings. The current medications are Duragesic patch, Percocet, Gabapentin, Omeprazole, and Zofran. There is documentation of ongoing treatment with Zofran since at least 4-30-2015. Previous diagnostic studies include X-rays and MRI. MRI of the lumbar spine showed "disc protrusion at L4-5 and L5-S1 and bilateral facet L5-S1 effusion." Treatments to date include medication management. The original utilization review (8-20-2015) had non-certified a request for Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg twice daily for 30 days #30 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015 Pain Antiemetics.

**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), Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short-term nausea associated with opioids. Long-term use is not recommended. Documentation notes subjective complaints of nausea from medications but patient has been on zofran several months. If patient has continued nausea from opioids that should be weaned or switched. Chronic use of Zofran is not recommended. Ondansetron is not medically necessary.