

Case Number:	CM15-0189562		
Date Assigned:	10/01/2015	Date of Injury:	11/13/2002
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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, 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 50 year old, female who sustained a work related injury on 11-13-02. A review of the medical records shows she is being treated for left knee, neck and low back pain. Current medications include Anaprox, Prilosec, Xanax, Maxalt, Topamax, medicinal marijuana, Duragesic patches, Flexeril, Norco, Cymbalta, Latuda, Neurontin, Wellbutrin and Seroquel. In the progress notes, the injured worker reports taking Protonix "due to documented medication-induced gastritis symptoms." On physical exam dated 7-31-15, there are no gastrointestinal findings. No notation of working status. The treatment plan includes medication refills. The Request for Authorization dated 7-31-15 has requests for Anaprox, Zofran, Prozac, Duragesic and Flexeril. In the Utilization Review dated 8-25-15, the requested treatment of Zofran 8mg #8 is not medically necessary. The patient sustained the injury due to fall from a stair. The patient has had history of opioid induced nausea. The patient's surgical history includes cervical fusion in 2005. The patient has had history of medication induced gastritis. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online, 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 (updated 10/09/15) Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Thompson micromedex, Ondansetron, FDA labeled indication.

Decision rationale: Zofran 8mg #8. Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG and Thompson Micromedex were used. Per ODG, Nausea and vomiting is common with use of opioids. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks). The patient has had history of medication induced gastritis. The patient has had history of opioid induced nausea. Current medications include Anaprox, and Norco. The patient had significant GI symptoms with medication and the use of a small quantity of Zofran 8mg #8 is medically necessary and appropriate in this clinical situation for prn use. The request for Zofran 8mg #8 is medically necessary and appropriate for this patient at this time.