MAXIMUS Federal Services

Case Number:	CM15-0192722		
Date Assigned:	10/06/2015	Date of Injury:	03/27/2012
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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 60-year-old who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of March 27, 2012. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for Zofran. The claims administrator referenced an August 12, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported unchanged pain complaints. The applicant had undergone earlier knee surgery, shoulder surgery, a tib-fib open reduction and internal fixation, and a right middle finger amputation, the latter of which apparently transpired on December 17, 2012. The dates of the other surgeries were not furnished. The applicant was using Zofran on a p.r.n. basis, it was stated. The note was very difficult to follow and mingled historical issues with current issues. Zofran was apparently renewed. It was suggested that the applicant was self-procuring Zofran. It appeared that the applicant was using Zofran for nausea, though this was not explicitly stated. The note did not contain any explicit mention of the applicant's having issues with nausea and/or vomiting. On July 1, 2015, the applicant was described as having complaints of pain and nausea. Zofran was endorsed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 10mg #10: 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 - Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProvide r s/ucm271924.htm, U.S. Food and Drug Administration, Ondansetron (marketed as Zofran) Information, Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: No, the request for Zofran, an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage, so as to manage expectations. Here, however, the attending provider did not state what issue, diagnosis, condition, and/or medication was generating the applicant's intermittent symptoms of nausea on progress notes of July 1, 2015 or August 12, 2015. It was not stated how frequently the applicant was experiencing such symptoms. The applicant did not appear to be using any other medications, it was incidentally noted, on those dates. While the Food and Drug Administration (FDA) acknowledges that Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there was no mention of the applicant's having undergone any recent cancer chemotherapy, radiation therapy, and/or surgery on either August 12, 2015 or July 1, 2015 office visits at issue. The applicant's last surgery was in December 2012, the treating provider stated on those dates. 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 the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the attending provider did not state why he was using Zofran for nausea of unknown origin, i.e., a non-FDA labeled role. Therefore, the request is not medically necessary.