

Case Number:	CM15-0198485		
Date Assigned:	10/13/2015	Date of Injury:	01/18/2009
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/08/2015

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 54-year-old who has filed a claim for chronic low back, wrist, hand, and hip pain reportedly associated with an industrial injury of January 18, 2009. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for Zofran. The claims administrator referenced a September 17, 2015 office visit and an associated September 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing complaints of low back and hip pain status post a hip trochanteric bursa injection. 8/10 pain without medications versus 3/10 with medications were reported. The attending provider contended that the applicant's ability to perform household chores including preparing meals, cooking, and cleaning had been ameliorated as a result of ongoing medication consumption but did not elaborate further. The attending provider suggested that the applicant was not working in one section of the note, stating that the applicant was searching for a full-time job. The applicant's medications included morphine, Norco, Relafen, Colace, lactulose, Lyrica, Neurontin, Zofran, and Prilosec, several of which were renewed and/or continued. The applicant was also described using Zofran on a p.r.n. basis on August 20, 2015. It was not explicitly stated for what issue or purpose the applicant was using Zofran, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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. Page 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. While the Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the September 17, 2015 office visit made no mention of the applicant's having had any recent cancer chemotherapy, radiation therapy, and/or surgery. While the attending provider stated that the applicant was using Zofran on a p.r.n. basis, it was not stated how frequently the applicant was in fact using Zofran, nor was it stated why Zofran is being employed here and/or whether or not ongoing usage of Zofran was or was not effective for whatever role it is being employed. The information on file did suggest that the applicant was using Zofran to combat issues with opioid-induced nausea. However, ODG's Chronic Pain Chapter Antiemetics topic notes that antiemetics such as Zofran are not recommended to ameliorate issues with nausea and/or vomiting associated with chronic opioid usage. Thus, the 30-tablet, 3-refill supply of Zofran at issue, in effect, represented treatment at odds with the FDA label and with the ODG position on the same. Therefore, the request was not medically necessary.