

Case Number:	CM15-0200950		
Date Assigned:	10/16/2015	Date of Injury:	12/07/2011
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45-year-old female with an industrial injury date 10-07-2011. Medical record review indicates she is being treated for displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, cervical radiculopathy and displacement of cervical intervertebral disc without myelopathy. Subjective complaints (09-14-2015) included neck pain, arm pain, low back and leg pain. The injured worker complained of right foot hurting more and right knee giving out causing her to fall to the ground. She also complained of severe muscle spasms in hips that "are not dismissed with meds." Her pain was rated as 8 out of 10. Complaints of nausea or vomiting are not indicated in the treatment note. The treating physician documented the current medication regimen continued to work well for the patient except for the Robaxin, which was not helping with muscle spasms. Current medications (09-14-2015) included Synthroid, Zofran (as least since 06-17-2015), Robaxin, Nucynta and Ibuprofen. Objective findings are not indicated in the 09-14-2015 note. On 09-22-2015, the request for Zofran 8 mg every 6 hours as needed # 90 was not medically necessary by utilization review.

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, Anti-emetics for opioid nausea.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic.

Decision rationale: Ondansteron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin, norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. The treating physician indicates that the patient is on ibuprofen. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation if indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, odansteron is not a proton pump inhibitor and is not considered first line treatment. As such, the request for Zofran 8mg #90 is not medically indicated.