

Case Number:	CM15-0205777		
Date Assigned:	10/22/2015	Date of Injury:	08/25/1999
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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

Certification(s)/Specialty: Internal Medicine, 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 46 year old, male who sustained a work related injury on 8-25-99. A review of the medical records shows he is being treated for shoulder, low back and knee pain. In the progress notes dated 9-2-15, the injured worker reports pain in shoulder, low back and knee. He rates the pain a 7 out of 10. He has no gastrointestinal symptoms. On physical exam dated 9- 2-15, no physical findings related to gastrointestinal issues. Treatments have included medications. Current medications include Ondansetron (Zofran), Flexeril, Actiq, Nucynta, Nucynta ER, Neurontin, Lidoderm patch, and Prozac. Provider states the Zofran is ordered for "nausea from taking medications." He is not working. The treatment plan includes The Request for Authorization dated 9-8-15 has requests for Prozac and Zofran. In the Utilization Review dated 10-7-15, the requested treatment of Zofran 8mg. 1 tablet twice daily #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zofran.

Decision rationale: This 46 year old male has complained of low back pain, shoulder pain and knee pain since date of injury 8/25/1999. He has been treated with physical therapy and medications. The current request is for Zofran. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.