

Case Number:	CM15-0025352		
Date Assigned:	02/17/2015	Date of Injury:	09/27/2002
Decision Date:	03/26/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/10/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 injured worker is a 67 year old male with an industrial injury dated 09/27/2002. The injured worker was a state traffic officer who noted back pain due to years of wearing his gun belt, assisting and arresting. He also noted right hand and wrist pain due to repetitive report writing, shooting, controlling arrests and rescues. He presented on 01/27/2015 with complaints of swelling and dysfunction at the base of his right thumb. Swelling was noted to the right basal joint with minimal swelling on the left side. Prior treatment includes physical therapy, medication, neck surgery and back surgery. Diagnosis included bilateral cubital tunnel syndromes and right basal joint arthropathy. The provider requested authorization for Zofran 8 mg. On 02/05/2015 the request for Zofran 8 mg # 10 was denied by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg # 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- Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>> >

Decision rationale: Medically necessary: MTUS and ACOEM do not address this medication so additional sources were sought. Per guidelines cited and given that this patient had no issues with nausea, this medication would not be indicated. Zofran indications: 1. Prevention of nausea and vomiting associated with highly emetogenic cancer Chemotherapy, including cisplatin 50 mg/m². 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. 3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. 4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, ZOFRAN Tablets, ZOFRAN ODT Orally Disintegrating Tablets, and ZOFRAN Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. This patient has issues with pain and nausea secondary to opiates. This medication is not indicated for this usage, per guidelines cited above.