MAXIMUS Federal Services

Case Number:	CM15-0212775		
Date Assigned:	11/02/2015	Date of Injury:	03/02/2013
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 48 year old male who sustained an industrial injury on 03-02-2013. According to a progress report dated 09-30-2015, the injured worker was seen regarding low back and right lower extremity pain. He had a lumbar epidural steroid injection on 02-17-2015 and was no long experiencing pain relief. He was taking Naproxen for inflammation and Omeprazole for gastrointestinal upset caused by Naproxen. Medications were "helpful and well tolerated". He was also taking Tramadol. Review of systems showed that the injured worker denied nausea, vomiting, diarrhea, constipation and acid indigestion. Current medications included Naproxen, Omeprazole, Tramadol and Trazodone. Impression included low back pain, lumbar disc bulge, lumbar facet pain, sacroiliac joint pain, myofascial pain, chronic pain syndrome and lumbar radiculitis. Prescriptions were provided for Tramadol, Naproxen, Omeprazole and Ondansetron. The injured worker was permanent and stationary. An authorization request dated 10-05-2015 was submitted for review. The requested services included Zofran, Tramadol ER, Anaprox and Prilosec, gastrointestinal consult and supervised medical weight loss program. On 10-12-2015, Utilization Review non-certified the request for Zofran ODT 8 mg #10 and authorized the request for gastrointestinal consult for elevated fasting alkaline phosphatase and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 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 (ODG), Pain, Antiemetics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Opioids, long-term assessment, SNRIs (serotonin noradrenaline reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Odansteron (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, ODG states "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 provided in the medical record that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS notes 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 provided that indicated the discontinuation of NSAID or switching of NSAID occurred. As such the request for Zofran ODT 8mg #10 is deemed not medically necessary.