

<b>Case Number:</b>	CM15-0030377		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: 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 injured worker is a 60 year old female housekeeper, who sustained an industrial injury on 1/29/13. She has reported pain in the right ankle and lower back related to a fall. The diagnoses have included cervical radiculopathy, lumbar radiculopathy and bilateral knee sprain. Comorbid conditions include diabetes. Treatment to date has included diagnostic studies and oral medications (present medicines include alprazolam, Terocin pain patch, Xolindo cream, Methoderm Gel, Norco, Zofran, Theramine, Sentra AM & PM, Gabadone, terocin-capsaicin-methyl salicylate-menthol-lidocaine cream, and flurbiprofen-lidocaine-amitriptyline cream). As of the PR2 dated 12/6/14, the injured worker reports 9/10 pain in the back that radiates to the bilateral lower extremities. The treating physician noted that the injured worker denied side effects or gastrointestinal symptoms on current medications. Past records do note that use of Norco previous to starting Zofran did cause nausea. The treating physician requested Zofran ODT #30. On 2/5/15 Utilization Review non-certified a request for Zofran ODT #30. The utilization review physician cited the ODG guidelines pain chapter and the Physicians' Desk Reference. On 2/18/15, the injured worker submitted an application for IMR for review of Zofran ODT #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT #30:** 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 Chapter, Antiemetics (for Opioids nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swegle JM1, Logemann C. Management of common opioid-induced adverse effects. Am Fam Physician. 2006 Oct 15; 74(8):1347-54.

**Decision rationale:** Ondansetron (Zofran), is a serotonin 5-HT<sub>3</sub> receptor antagonist used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. There are no clinical practice guidelines that directs opioid-induced nausea therapy although nausea and vomiting are known side-effects from opioid therapy. Peer review publications recommend treating opioid-induced nausea and vomiting with anti-psychotic, prokinetic agent, or serotonin antagonist medications. This patient has opioid-induced nausea controlled with a serotonin antagonist medication. Medical necessity for continued use of this medication has been established.