

<b>Case Number:</b>	CM15-0032938		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/29/1993
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old female sustained a work related injury on 09/29/1993. According to a progress report dated 11/26/2014, the injured worker complained of a migraine. She reported continued benefit from alpha stim for her migraines, but reported that migraines had flared up over the past month due to not having Maxalt. When she used Maxalt she did not need Imitrex injections. Pain level was rated 7-8 on a scale of 1-10 due to migraine. Diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy, lumbar spinal stenosis, reflex sympathetic dystrophy upper limb, reflex sympathetic dystrophy lower limb. The provider refilled Zofran for her nausea with migraines. On 02/13/2015, Utilization Review non-certified Zofran 8mg #30 between 02/04/2015 and 04/12/2015. According to the Utilization Review, despite nausea associated with migraines, guidelines do not recommend this medication for migraine-related nausea. Official Disability Guidelines were referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recommend prospective request Zofran 8mg # 30 between 2/4/15 and 4/12/15: 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) Zofran.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chronic, chapter, Anti-emetics for opioid nausea.

**Decision rationale:** The patient presents with her lower back pain and migraine headaches. The request is for Zofran 8mg #30 between 02/04/15 and 04/12/15. The patient is currently taking Zofran, Laxix, Maxalt, Imitrex, Aquaphor, omeprazole, Econazole, Voltaren gel, and Provigil. The MTUS and ACOEM guidelines do not mention Ondansetron. ODG guidelines have the following regarding anti-emetics: "ODG Guidelines, Pain Chronic chapter, Anti-emetics for opioid nausea: Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron, Zofran: This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis." In this case, the utilization review letter on 02/13/15 indicates that the patient has been utilizing Zofran at least from 2011 for migraine-related nausea. There is no indication of chemotherapy/ radiation or post-operative nausea. There is no documentation of gastroenteritis either. The request does not meet guideline indications. Given the lack of support from the guidelines for the use of this medication for nausea associated with migraine related nausea, the requested Zofran is not medically necessary.