

Case Number:	CM15-0036068		
Date Assigned:	03/04/2015	Date of Injury:	01/06/1989
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old female, who sustained an industrial injury on 1/06/1989. The mechanism of injury was not noted. The diagnoses have included migraine, unspecified, without mention of intractable migraine without mention of status migrainosus. Treatment to date has included conservative measures. Currently, the injured worker complains of an increase in headaches, causing nausea. She also reported a hospitalization for elevated blood pressure. Pain was rated 7/10 and blood pressure was 170/100. Physical exam noted normal strength, sensation, and reflexes in all extremities. Current medication regime was not noted. Treatment plan included a request for Irlen Syndrome screening, Relpax for migraines and Zofran for nausea. On 2/11/2015, Utilization Review non-certified a request for Zofran 4mg #20 (one at onset of nausea), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg #20 one at onset of nausea: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.