

Case Number:	CM15-0042433		
Date Assigned:	03/12/2015	Date of Injury:	02/11/1993
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 2/11/1993. The mechanism of injury was not noted. The injured worker was diagnosed as having postlaminectomy syndrome, thoracic region, lumbar spondylosis with myelopathy, and myofascial pain. Treatment to date has included surgical interventions and conservative measures. Lumbar 1-2 laminectomy with pain pump placement was documented on 10/06/2014, along with post-operative systemic inflammatory response syndrome. The injured worker was doing well, reporting that pain was better managed. His general appearance revealed no acute distress. His wound was clear, dry, and intact, without any signs of infection. He had reprogramming of the intrathecal pump, noting increased total dosage of medication (Morphine) by 30% per day. Gastrointestinal complaints were not documented. Meloxicam was started on 1/29/2015. Currently, the injured worker reported severe low back pain and new onset of left lateral flank muscular pain. Medications included Maxitrol, Clindamycin, Zofran, Norco, Lidoderm patch, and Bactrim. X-rays of the lumbar spine were referenced and gastrointestinal complaints were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #60: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for: Ondansetron Pain chapter for Antiemetics (for opioid nausea).

Decision rationale: Based on the 2/3/15 progress report provided by the treating physician, this patient presents with severe pain in the lower back, and new onset of lateral left-sided flank muscle pain that began a week ago which forced patient to be off work 2 days. The treater has asked for ZOFRAN 4MG #60 on 2/3/15. The patient's diagnoses per Request for Authorization form dated 2/18/15 were postlaminectomy syndrome thoracic, and thoracic disc displacement. The patient's deep back pain in the T-spine has been resolved with intrathecal pump per 2/18/15 report. An X-ray of the L-spine shows fusion mass on lateral part of L4-S1 with sharp edges on fusion mass laterally on left side per 2/8/15 report. The patient's current medications are Maxitrol, Clindamycin, Zofran, Bactrim, Lidoderm patch, Meloxicam, Norco per 2/8/15 report. The patient's work status is not included in the provided documentation. Official Disability Guidelines (ODG), Pain chapter for: Ondansetron (Zofran) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea)". Official Disability Guidelines (ODG), Pain chapter for: Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for". The treater does not discuss this request in the reports provided. Zofran is mentioned in list of medications the patient is taking per reports dated 11/13/14 and 2/3/15. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request IS NOT medically necessary.