

Case Number:	CM15-0048550		
Date Assigned:	03/20/2015	Date of Injury:	02/25/2012
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/13/2015

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
 Certification(s)/Specialty: Family Practice

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 35 year old female who sustained an industrial injury on 02/25/2012. Diagnoses include status post C5-6 and C6-6 fusion, foraminal narrowing and neuropathy. Treatment to date has included surgery, diagnostic studies, medications, and physical therapy. A physician progress note dated 02/16/2015 documents the injured worker has continued neck, thoracic, and low back pain. She continues with intermittent nausea after a flare-up of pain, after migraine headaches, and sometimes it is from rib pain. Treatment requested is for Zofran 4mg Qty 30 Refills 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg Qty 30 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter, anti-emetic use for opioid-related nausea, Zofran.

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use or chronic pain-induced nausea, and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic pain or chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, the provider recommended Zofran for the worker to use to treat her intermittent nausea which comes on during flare-ups of pain. However, there was no evidence provided to help support the use of this specific medication over other anti-emetics for her particular situation as it is (at this time) recommended only for nausea related malignancy-induced pain or chemo-induced pain. There was also no evidence of failure of other anti-emetics. Therefore, the Zofran will be considered not medically necessary.