

Case Number:	CM15-0049586		
Date Assigned:	03/23/2015	Date of Injury:	02/18/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 2/20/09. He reported back pain with left lower extremity radicular symptoms. The injured worker was diagnosed as having lumbar myoligamentous sprain/strain syndrome, multiple lumbar disc disease with left lower extremity radicular symptoms, reactionary depression and anxiety, medication induced gastritis, and right knee internal derangement. Treatment to date has included lumbar epidural steroid injection on 7/7/14 which provided 50% pain relief for 4 weeks, failed microdiscectomy on 12/6/12, posterior lumbar interbody fusion at L4-5 on 6/19/13, physical therapy, spinal cord stimulator trial, and medication. An electromyogram performed on 12/21/10 revealed left L5 and S1 chronic radiculopathy. Currently, the injured worker complains of low back pain with left lower extremity radicular symptoms. The treating physician requested authorization for Zofran 8mg. No specific rationale was given for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Zofran.

Decision rationale: 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. In this case the documentation doesn't support that zofran is being used for an FDA-approved indication. The reason for the use of zofran is not well documented. Therefore, the request for Zofran 8mg is not medically necessary.