

<b>Case Number:</b>	CM15-0056621		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 55-year-old male, who sustained an industrial injury on March 10, 2013. The injured worker had reported a chest and head injury. The diagnoses have included traumatic brain injury, cervical spondylosis with stenosis, chest wall strain injury, headaches, depression and insomnia. Treatment to date has included medications, radiological studies, home care assistance, electroencephalogram (EEG) and a transcutaneous electrical nerve stimulation unit. Current documentation dated February 23, 2015 notes that the injured worker continued to do poorly. He reported abdominal pain, headaches and weakness. Physical examination noted that the injured worker appeared chronically ill. The injured worker had widespread pain following the traumatic brain injury with residual headaches and dizziness. The treating physician's plan of care included a request for the medication Zofran 8 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 115; and Daily Med (<http://dailymed.nlm.nih.gov/dailymed/druginfo>).

**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 8mg #60 is not medically necessary.