

Case Number:	CM15-0081021		
Date Assigned:	05/01/2015	Date of Injury:	05/02/2005
Decision Date:	06/05/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
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 55 year old male, who sustained an industrial injury on 5/02/2005. The injured worker was diagnosed as having cervicgia and headaches. Treatment to date has included surgeries to the cervical spine and bilateral shoulders and medications. Currently (4/01/15), the injured worker complains of headaches and pain in his neck, left shoulder, and right knee. He reported suffering from a migraine, which lasted 8 days, with no relief from medications. Pain was rated 4-4.5/10 with medications and 9-10/10 without. Medication use included MS Contin, Fioricet, trazadone, Zofran (3/02/15), Carisoprodol, Zoloft, Simvastatin, and Xanax. He reported migraines and headaches were more frequent and associated with severe nausea and vomiting. He has tried and failed over the counter nausea medication. Gastrointestinal exam noted that the injured worker denied symptoms. Medication request included Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Zofran 4mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain Chapter-Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines.

Decision rationale: The claimant has failed neck syndrome with chronic neck pain and chronic headaches, as well as other orthopedic complaints enumerated above. The request is for Zofran 4 mg, #10 for nausea associated with his headaches. Zofran is recommended by the FDA for nausea secondary to chemotherapy and postoperative nausea. It is also useful in patients with nausea in conjunction with migraines headaches. The claimant's ROS is negative for GI symptoms and the claimant states that he has no adverse reaction to his medication. He has tried and failed OTC preparations for his nausea. In this case, the nausea appears to be part of his chronic headache syndrome for which he is being treated and is deemed medically necessary.