

Case Number:	CM15-0231484		
Date Assigned:	12/07/2015	Date of Injury:	08/27/2009
Decision Date:	01/15/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/24/2015

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, Hawaii

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 57 year old male injured worker suffered an industrial injury on 8-27-2015. The diagnoses included. On 9-29-2015 the provider noted was that he was getting more migraine headaches that were associated with nausea that was disabling and thusly the provider ordered Zofran. Prior treatments included 10-14-2015 left flexor carpi radialis tenovagotomy. The documentation provide did not include evidence of effectiveness of the requested treatment. Request for Authorization dated was 11-4-2015. Utilization Review on 11-11-2015 determined non-certification for Zofran ODT 8mg, #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 8mg, #10: 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) Ondansetron (Zofran) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Chapter, Ondansetron (Zofran).

Decision rationale: The patient presents with neck and low back pain along with migraine headaches that are associated with nausea. The current request is for Zofran ODT 8mg, #10. The treating physician states 9/29/15 (175) Currently he is experiencing more headaches and the nausea associated with that has been pretty bad. We will have him use Zofran for now and that should resolve s/p RFA one the neck pain and headaches get better. The MTUS Guidelines do not address Ondansetron (Zofran). The ODG states the following for Antiemetics: Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the treating physician is prescribing this medication for nausea due to headaches, which is not supported by the ODG guidelines. The current request is not medically necessary.