

<b>Case Number:</b>	CM14-0133913		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old female who has reported knee, ankle and back pain after injuries on 2/18/03 and 8/22/04. Diagnoses include arthritis, ankle sprain, knee internal derangement, disk disease, and radiculopathy. Treatment has included knee surgeries, ankle surgeries, medications, and physical therapy. The treating physician has prescribed multiple medications, including chronic opioids, and has stated in his reports from 2013 to 2014 that the injured worker has chronic nausea caused by chronic pain and medications. Zofran was prescribed to treat this chronic nausea. Multiple psychiatric medications are prescribed by a psychiatrist. Per the primary treating physician report of 5/6/14, Zofran was dispensed. However, there was no discussion of the use of Zofran beyond a mention that Zofran caused nausea. The report of 7/3/14 mentions the use of Zofran for nausea caused by chronic pain. There is no other relevant information in the recent records regarding Zofran. On 7/25/14, Utilization Review non-certified Zofran, noting the lack of indications per the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #60 for bilateral knees, lumbar spine and left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics (for opioid nausea)

**Decision rationale:** The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the only apparent indications are for nausea possibly related to chronic opioid intake, other medications, or another and yet-identified cause. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.