

<b>Case Number:</b>	CM14-0143772		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 and Missouri. 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:

The patient is a 55 year old female who was injured on 03/01/2005. The mechanism of injury is unknown. Prior medication history included Imitrex, Zofran, Topamax, and omeprazole. Progress report dated 07/28/2014 indicates the patient presented with complaints of gaining weight and nausea. Objective findings on exam revealed blood pressure 121/77, weight 125. Her abdomen was soft. She was diagnosed with thoracic outlet syndrome, irritable bowel syndrome, migraine headache, and GERD. The patient was recommended Zofran for nausea. Prior utilization review dated 08/11/2014 states the request for Zofran 8mg #10 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran®) & Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Zofran prescribing information

**Decision rationale:** CA MTUS guideline is silent regarding the request. Zofran is a serotonin 5-HT<sub>3</sub> receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment (prescribing information). Per the ODG guidelines, this agent is not medically indicated for the management of opioid related nausea. The clinical documentation presents a circuitous argument that her IBS and nausea are the result of her chronic pain. On careful review, however, this patient has a psychiatric diagnosis known to produce a range of somatization type symptoms. Zofran is not indicated for IBS related nausea. It is also not indicated for GERD related nausea. Based on the guidelines described above, the package insert for Zofran, and the clinical documentation stated above, the request is not medically necessary.