

Case Number:	CM14-0148234		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2009
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Interventional Spine, 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:

The patient is a 55-year-old female with a date of injury of 04/23/2009. The listed diagnoses per [REDACTED] are 1. History of ankle fracture. 2. CRPS of lower extremities. According to progress report 08/05/2014, the patient continues to have left ankle pain. She states that her CRPS has spread to her right lower extremity, hips, and upper extremity. Patient reports that medications are "somewhat helpful and she is tolerating them fairly well." Her current medication regimen includes Nucynta ER 100 mg and 50 mg, Lidocaine Patch, Zofran, Voltaren gel. Examination of the lower extremities revealed multi-coloration of the lower legs and ankles. There was hypersensitivity to touch of the ankles, bilateral lower extremities, and right knee. The treater is requesting a refill of Zofran 4mg #30. Utilization review denied the request on 08/19/2014. Treatment reports from 03/19/2014 through 08/05/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Topical Analgesics Section Page(s): 78,82 -111 - 1.

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

Decision rationale: The patient presents with left ankle pain. The treater is requesting Zofran 4 mg #30 to be taken 1 tablet daily for "nausea." The MTUS and ACOEM Guidelines do not discuss Zofran; however, ODG Guidelines, under it Pain chapter, has the following regarding antiemetic, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for 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." In this case, the ODG Guidelines do not support the use of Ondansetron other than for postoperative use. Given the patient has not undergone recent surgery, recommendation is for denial.