

<b>Case Number:</b>	CM14-0149338		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 60-year-old woman who sustained a work related injury on January 20, 1998. Subsequently, she developed low back pain. The patient had undergone transforaminal epidural injection and lumbar sympathetic blocks on the left side for presumed complex regional pain syndrome or sympathetic hyperactivity. The patient also had a permanent spinal cord stimulator in situ for complex regional pain syndrome inserted in April 2011. All of these treatments were providing moderate to significant pain relief. According to a progress report dated July 28, 2014, the patient complained of right shoulder, low back, and left lower extremity pain. Her neuropathic radicular symptoms in the left lower extremity are increasing. The patient rated her pain level with medications at 5/10 and without medications at 9/10. Her physical examination revealed antalgic gait, decreased left extensor pollicis longus tone, decreased light touch discrimination in a left L5 distribution and decreased range of motion for flexion and extension. There is a lumbar tenderness with reduced range of motion. Urine toxicology screens have been appropriate. The patient was diagnosed with depression/anxiety, lumbar radiculopathy, and neuropathy. The provider requested authorization for Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ondansetron (Zofran)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

**Decision rationale:** Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication- or chemotherapy-induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.