

Case Number:	CM14-0161185		
Date Assigned:	10/06/2014	Date of Injury:	06/20/2007
Decision Date:	11/13/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury of June 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; an H-Wave device; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 13, 2014, the claims administrator denied a request for Zofran. The applicant's attorney subsequently appealed. In an August 22, 2014 progress note, the applicant reported persistent complaints of low back, left leg, left knee, and right forearm pain. The applicant was given prescriptions for Dexilant and Voltaren gel. The applicant did reportedly have a history of dyspepsia with medication usage, it was acknowledged. The applicant was reportedly retired. There was no mention of the need for Zofran at this point. In an August 29, 2014 progress note, the applicant was given Zofran to employ for opioid-induced nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg #15: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Zofran Medication Guide.

Decision rationale: While the MTUS does not address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for a non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, furnished compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. The attending provider, however, stated that Zofran was being employed here for opioid-induced nausea, a non-FDA labeled role. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence so as to offset the unfavorable FDA position on the article at issue, however. Therefore, the request is not medically necessary.