

Case Number:	CM14-0181215		
Date Assigned:	11/05/2014	Date of Injury:	11/06/2006
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 American Board of Internal 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 injured worker (IW) is a 44-year-old woman with a date of injury of November 6, 2006. She sustained an injury to her knee and, subsequently, developed a complex regional pain syndrome. She has undergone placement of a spinal cord stimulator (SCS). She had to undergo a re-implantation of the SCS because of malfunctioning. Pursuant to the progress note dated September 10, 2014, the IW complains of migraines that have decreased in intensity since her last visit. She has persistent pain in her left knee, left lower extremity, and right arm. She complains of increased nausea occasionally. The IW has 2 to 5 migraines a month lasting all day. They are accompanied by nausea, photophobia and phonophobia. Opiates continue to help with pain. She has no significant side effects or signs of aberrancy. Physical examination reveals no vomiting, no diarrhea, no constipation, and no abdominal pain. Neurological examination was normal. Motor strength is intact bilaterally. The IW has been diagnosed with reflex sympathetic dystrophy of the upper and lower limbs, chronic pain due to trauma, depressive disorder, spasms of muscles, migraine, brachial neuritis, scoliosis of the cervical spine, cervical spondylosis without myelopathy, and encounter of long-term (current) use of other medications. Current medications include: Baclofen, Percocet, Topamax, Oxycontin, and Zofran. The provider is recommending aquatic therapy 2 times a week for 4 weeks, follow-up with nutritionist, and continue medications. Documentation indicated that the IW will be having a GI work-up through her private insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg # 30: 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 Chapter, Zofran

Decision rationale: Pursuant to the Official Disability Guidelines, Zofran 8mg #30 is not medically necessary. Zofran is an antiemetic. Zofran is an FDA approved antiemetic indicated for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and acute use and gastroenteritis. It is not recommended for nausea and vomiting due to chronic opiate use. In this case, the injured worker is taking Lyrica, baclofen, OxyContin 30 mg oral tablet extended-release, Topamax, Terocin lotion, and Zofran 8 mg one tablet daily as needed. The diagnoses listed are reflex sympathetic dystrophy lower limb and upper limb, chronic pain due to trauma, depressive disorder, spasmodic muscle, migraine, brachial rightists or radiculitis, scoliosis of cervical spine, and cervical spondylosis without myelopathy. There is a notation in the plan at number eight position that states patient will be having a G.I. workup through her private insurance. It is unclear what that G.I. workup is about. There is no evidence in the medical record the injured worker is receiving chemotherapy, radiation therapy, is post-operative or had a recent gastroenteritis. Consequently, Zofran 8 mg #30 is not medically necessary.