

Case Number:	CM14-0169778		
Date Assigned:	10/17/2014	Date of Injury:	06/22/2014
Decision Date:	03/19/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a 27 year old female with an industrial injury dated 06/22/2014 and 09/01/2014. Her diagnoses include right elbow strain/sprain, cervical sprain/strain, thoracic sprain/strain, lumbar sprain, strain, concussion without loss of consciousness, and nausea. Pain was rated at 7/10 in severity. Recent diagnostic testing has included x-rays of the right elbow which was normal. She has been treated with medications (opioids and muscle relaxants), conservative treatments (activity restrictions and durable medical equipment) for several weeks/months. In a progress note dated 09/15/2014, the treating physician reports pain throughout the right side of the neck and back, headaches, dizziness with head motion, and right elbow pain despite treatment. The dizziness and nausea was reported to be worse since the previous exam. The objective examination revealed tenderness to the cervical musculature, spasms to the neck musculature, restricted range of motion to the cervical and lumbar spine, tenderness to the right elbow without effusion or crepitation, and restricted range of motion. The treating physician is requesting a prescription for Zofran for nausea which was denied by the utilization review. On 09/30/2014, Utilization Review non-certified a prescription for Zofran ODT 4mg #15 (DOS: 09/30/2014), noting the non-recommendation of Zofran for the treatment of nausea and vomiting associated with opioid use. The ODG was cited. On 10/13/2014, the injured worker submitted an application for IMR for review of Zofran ODT 4mg #15 (DOS: 09/30/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 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 (ODG), 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):

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/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.