MAXIMUS Federal Services

Case Number:	CM14-0170615		
Date Assigned:	10/23/2014	Date of Injury:	04/14/1998
Decision Date:	06/12/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on 4/14/1998. Her diagnoses, and/or impressions, are noted to include: chronic regional pain syndrome - left upper extremity to include the hand; global muscular atrophy secondary to disuse; chronic back pain status-post back surgery; major depression, moderate and single episode; generalized anxiety disorder; and pain disorder associated with both psychological factors and general medical condition. No current imaging studies are noted. Her treatments have included acupuncture; spinal cord stimulator - effective; multiple surgeries - ineffective; diagnostic imaging and laboratories; physical therapy; use of a wheel chair; psychological therapy and treatment; medication management and rest from work indefinitely. The progress notes of 9/3/2014 reported complains of neck and bilateral arm pain, and bilateral leg symptoms. Also reported were increased pain on the right side of the body, with palpable cramps/lumps in her bilateral feet which radiated into her calves; pain in her bilateral upper extremities, left > right, that extended into the neck, described as stabbing, burning and aching, and were said to be aggravated by cold weather and activity, and alleviated by heat and medication; also reported were multiple falls due to weakness and pain. Objective findings are noted to include right lower extremity allodynia, normal strength in the dermatomes of the upper and lower extremities; demonstrated diffuse weakness in the left > right with noted contractures of the left arm, leg and hip flexors; limited participation in the exam due to pain; atrophy in the lower extremity leg extensors, left > right; some improved range-of-motion in the left leg; a normal gait pattern without ataxia or antalgic deviations; and hyper-tonicity throughout the right upper and lower

extremity - difficult to distinguish between spasticity and pain inhibition. The physician's requests for treatments were noted to include the continuation of Zofran for nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 11th Edition (Web), 2014, Pain (Chronic), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (chronic) chapter, antiemetics (for opioid-induced nausea).

Decision rationale: The patient was injured on 04/14/1998 and presents with neck pain and bilateral arm pain with bilateral leg symptoms. The request is for ZOFRAN 4 mg #30. The RFA is dated 08/06/2014 and the patient's work status is not provided. ODG Guidelines have the following regarding antiemetics: "ODG Guidelines, pain (chronic) chapter, antiemetics (for opioid-induced nausea): Not recommended for nausea and vomiting secondary to chronic opiate use. 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. Acute use is FDA-approved for gastroenteritis." The patient is diagnosed with CRPS type 1, global muscular atrophy secondary to use, and chronic back pain S/P back surgery (date not indicated). The patient has increased pain on the right side of her body and gets severe cramps in the bilateral feet, which radiates into her calves, to where she can feel lumps. Both feet feel stiff where they "feel like rocks." The patient has pain in her bilateral upper extremities, which extends into her neck and her right arm. The reason for the request is not provided. The 08/16/2014 report states that the patient reports "frequent diarrhea, nausea, and vomiting." She has been taking Zofran as early as 08/06/2014. However, the treater has not indicated the patient has recently had a surgery, is undergoing chemotherapy and radiation, or has gastroenteritis as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the requested Zofran IS NOT medically necessary.