

Case Number:	CM14-0213780		
Date Assigned:	12/31/2014	Date of Injury:	04/18/2007
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii

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 patient is a 44 year old female with date of injury 4/18/07. The treating physician report dated 11/6/14 (6) indicates that the patient presents with pain affecting the low back and bilateral leg, bilateral upper extremity and neck, mid back, abdominals, and left hip. The patient complains the low back, and bilateral leg pain is accompanied with numbness and weakness. Numbness is further noted in the bilateral upper extremity. The physical examination findings reveal a restricted range of motion of the cervical spine accompanied with moderate tenderness of the bilateral erector capitis muscle. Further examination reveals a restricted range of motion of the lumbar spine accompanied with mild tenderness of the bilateral lumbar paravertebral muscle and point tenderness of the right gluteal muscle with a positive twitch response with pain radiating into the lower back and upper thigh area. Prior treatment history includes a trigger point injection in the left hip (10/16/14), a lumbar laminectomy/discectomy/fusion (01/30/14), a thoracic laminectomy and discectomy (2012), and prescribed medications. The current diagnoses are: 1. Degenerative disc disease lumbar spine. 2. Lumbar radiculopathy status post lumbar laminectomy, discectomy, fusion on 1/30/14. 3. Degenerative disc disease of the cervical spine with cervical radiculopathy. 4. Thoracic radiculopathy secondary to degenerative disc disease of the thoracic spine post thoracic laminectomy, and discectomy in 2012. 5. Sub-acute bursitis, tendonitis, left hip. The utilization review report dated 12/15/14 (159) denied the request for Zofran 8mg #120 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #120: 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 Chapter, Ondansetron (Zofran); Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain, Ondansetron (Zofran®).

Decision rationale: The patient presents with pain affecting the low back and bilateral leg, bilateral upper extremity and neck, mid back, abdominals, and left hip. The current request is for Zofran 8mg #120. The treating physician report dated 11/6/14 (13) states, "Continue Zofran 8 mg disintegrating tablets three to four times a day for recurrent nausea and vomiting related to opioid analgesics." The patient is currently prescribed Hydrocodone. The MTUS does not address the current request. The ODG Guidelines state the following regarding Zofran (Ondansetron): "Not recommended for nausea and vomiting secondary to chronic opioid use." Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. Recommendation is for denial.