

Case Number:	CM14-0217737		
Date Assigned:	01/07/2015	Date of Injury:	03/12/2012
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old female with a work-related injury dated March 12, 2012. On October 24, 2014, the worker underwent a L4-5 and L5-S1 anterior discectomy and fusion and L4-5 and L5-S1 posterior laminectomy and fusion. The surgery was due to progressively worsening lumbar pain with bilateral radiculopathy. The worker reported that her legs would give out and cause her to fall. The worker was documented as failing conservative therapy to include medication management. According to the medication history, the worker had been on Flexeril, Norco, Ambien and Tramadol ER since August 20, 2014. At the physician's visit dated November 20, 2014, the worker was being seen for post-operative follow up. The worker had been seen three days after surgery in the emergency department with complaints of inability to eat or empty her bladder. The worker was admitted for three days and placed her on Zofran 4mg one tablet every six hours around the clock as needed for nausea. At this visit, the worker had a magnetic resonance imaging of the lumbar spine that was unremarkable and two x-rays that showed stable fusion and implants at the L4-L5 and the L5-S1. Plan of care at this visit included a bone growth stimulator and refill of medications. The diagnoses at this visit included neurogenic bladder, thoracic/lumbosacral neuritis, spinal stenosis, post-laminectomy syndrome of the lumbar region and acquired spondylolisthesis. The utilization review decision dated December 15, 2014 non-certified the request for Zofran 4mg quantity 120. The rationale for non-coverage was based on the ODG, which reflects that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. The medical records submitted did not reveal any condition for which this medication would be medically necessary or would be supported for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 MG Dispensed 120 Tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 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 for prevention of nausea and vomiting. Acute use is FDA-approved for gastroenteritis. Anti-emetics like Zofran are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In this instance, the use of Zofran does not appear to be in accordance with the ODG recommendations or FDA indications. Therefore, the request for Zofran 4 MG # 120 Tabs is not medically necessary.