

<b>Case Number:</b>	CM14-0089151		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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: North Carolina  
 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:

The injured worker is a 47 year old male, who sustained an industrial injury on August 31, 2001. Several documents included in the submitted medical records are difficult to decipher. He reported feeling something snap in his back and pain shooting down his right leg. The injured worker was diagnosed as having a harsh opiate detox, protracted and severe, chronic pain syndrome, rebound pain diffusely, and failed back surgery syndrome. Diagnostic studies to date have included MRI, lumbar discogram, neurology studies of the lower extremities, and urine drug screening. Treatment to date has included spinal cord stimulator, a cane, a walker, an electric wheelchair, epidural steroid injections, facet block, psychotherapy, traction, heat/ice, physical therapy, and medications including oral short-acting and long acting opioid, transdermal opioid, topical pain, antidepressant, muscle relaxant, cannabinoid, anti-epilepsy, proton pump inhibitor, antiemetic, and non-steroidal anti-inflammatory. On June 2, 2014, the injured worker complains of total body pain and inadequate pain relief. His pain is rated 10/10. He complains it is hard to breathe due to his severe pain, but denied any significant chest pain. Associated symptoms include shaking, chills for a couple of months, fatigue, "can't think straight", "my nerves are going crazy", twitches, and jumpy. The physical exam revealed he looked tired, moves slowly getting up/down, moist palms, diffuse neck tenderness, walks with a cane, stiff and tender over all fibromyalgia tender points, and deep tendon reflexes of the right lower extremity were within normal limits. The treatment plan includes the addition of clonidine, continuing Subutex for pain and withdrawal, and Lyrica. The requested treatment is Zofran.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Zofran 4mg, #180: 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 (chronic) Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, zofran.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons the request is not medically necessary.