

Case Number:	CM14-0092733		
Date Assigned:	07/25/2014	Date of Injury:	05/21/2010
Decision Date:	06/08/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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: Arizona, California
 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 (IW) is a 53 year old male who sustained an industrial injury on 05/21/2010. He reported pain in the low back. The injured worker was diagnosed as having chronic pain syndrome, depression, insomnia, myofascial pain, opiate tolerance, and osteoarthritis. Treatment to date has included treatment with a pain management specialist. The IW is taking medications for pain and depression and to prevent gastrointestinal side-effects of the medications. Currently, the injured worker complains of low back and left lower extremity pain. There is a request for authorization for Zofran 4 mg #30, prn with Norco (no dosage or frequency indicated) refill 3. On 05/21/2015, a Utilization Review was issued non-certifying the request for Zofran 4mg #30 with Norco Refill: 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #30 with Norco Refill 3: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and anti-emetics and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses and was used in conjunction with Norco. The Zofran is not medically necessary.