

Case Number:	CM15-0112437		
Date Assigned:	06/18/2015	Date of Injury:	01/04/2013
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational Medicine

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 27 year old female, who sustained an industrial injury on 1/04/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having backache unspecified, neck sprain, thoracic sprain, and depressive disorder, not elsewhere classified. Treatment to date has included medications. Currently (5/29/2015), the injured worker complains of neck and back pain and depression. Active medications included Dexilant, Zofran (since at least 9/2014), Norco (since at least 8/2014), and Hydroxychloroquine. She stopped her antidepressants and needed Norco refilled. She reported that it helped but upset her stomach. Zofran was noted to help in the past and she wished to try it again. Her pain was not rated and she was working with restrictions, permanent and stationary. Her body mass index was 45.4%. The previous progress report (4/20/2015) noted worsening pain and depression. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>, Official Disability Guidelines, Pain - Anti-emetics for opioid nausea.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines are specific with the recommendation that long-term anti-emetic are not appropriate for use for suspected opioid related nausea. In addition, Zofran is not recommended for this type of long-term use. Zofran is FDA recommended for postoperative nausea; nausea related to cancer treatment and short-term severe infectious gastroenteritis. This individual does not meet these criteria and there are no unusual circumstances to justify an exception to Guidelines. The Zofran 4mg #90 with 3 refills is not supported by both Guidelines and FDA recommendations. It is not medically necessary.

Norco 5/325mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting Opioid, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function (best evidenced by return to work) and a lack of drug related aberrant behaviors. This individual meets these criteria. The prescribing physician does not appear familiar with Guideline standards, but it is documented that there is pain relief and support of continued work duties (modified). No aberrant behaviors such as lost prescriptions or early refills are documented. Under these circumstances, the Norco 5/325 #120 with 2 refills is supported by Guidelines and is medically necessary.