

Case Number:	CM15-0127719		
Date Assigned:	07/14/2015	Date of Injury:	10/29/2009
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, 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 applicant is a represented 28-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of October 29, 2009. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for Zofran. The claims administrator referenced a May 27, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated December 10, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of anxiety, depression, back pain, leg pain, neck pain, and shoulder pain. The applicant was placed off work, on total temporary disability. A spine surgery consultation and a psychiatric evaluation were endorsed. There was no mention of the applicant's using Zofran. In a handwritten note dated April 1, 2015, the applicant reported ongoing complaints of back, neck, shoulder, and arm pain with derivative complaints of anxiety, depression, and panic attacks. The applicant was placed off work, on total temporary disability. In an associated RFA form of April 1, 2015, Norco, Xanax, tizanidine, Zofran, and Lidoderm were endorsed. It was not clearly stated for what purpose Zofran was being prescribed. There was no explicit mention of the applicant's having issues with nausea or vomiting in the April 1, 2015 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran tab 4 mg Qty 30: 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 - Antiemetics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: No, the request for Zofran (ondansetron), an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, multiple progress notes, referenced above, made no mention of for what issue, diagnosis, and/or purpose Zofran had been prescribed. The handwritten April 1, 2015 progress note did not clearly state why Zofran is being prescribed. While the Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, or surgery, here, however, there was no mention of the applicant's having had any recent cancer chemotherapy, radiation therapy, and/or surgery, nor did it appear that the applicant had any active symptoms of nausea and/or vomiting present. Therefore, the request was not medically necessary.