

Case Number:	CM15-0025686		
Date Assigned:	02/18/2015	Date of Injury:	08/06/2007
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 69-year-old () beneficiary, who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 6, 2007. In a Utilization Review Report dated February 10, 2015, the claims administrator approved a request for Colace and Prilosec while denying a request for Zofran. The claims administrator referenced an RFA form received on January 27, 2015, in its determination. The applicant's attorney subsequently appealed. On January 28, 2015, the applicant was asked to continue Prilosec, Colace, glucosamine, Zofran, and capsaicin. Permanent work restrictions were renewed. The applicant did not appear to be working with said limitations in place. Chronic low back and neck pain complaints were evident. The attending provider stated that he was providing Zofran on as needed basis for nausea, but made no mention of applicant's personally experiencing any issues with nausea in his progress note. On September 18, 2014, the attending provider again stated that he was employing Zofran on as needed basis for nausea but, once again, made no mention of the applicant personally experiencing any issues with nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7-8 of 127. Decision based on Non-MTUS Citation <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>; Ondansetron (marketed as Zofran).

Decision rationale: No, the request for Zofran (ondansetron), an antiemetic agent, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support usage. The Food and Drug Administration (FDA) notes, however, that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant personally experiencing any issues with nausea and vomiting on any recent progress notes provided, including several progress notes on which ondansetron (Zofran) was renewed. Similarly, there was no mention of the applicant having had any recent cancer chemotherapy, radiation therapy, and/or surgery. Providing Zofran prophylactically, thus, was not reasonable here. Therefore, the request was not medically necessary.