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| Case Number: | CM15-0063054 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 12/20/2008 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on December 20, 2008. The injured worker had reported neck pain. The diagnoses have included cervicalgia, arthropathy of the cervical facet joint, cervical degenerative disc disease, brachial neuritis unspecified and chronic use of opiate drugs for therapeutic purposes. Treatment to date has included medications, radiological studies, injections and chiropractic care. Current documentation dated March 5, 2015 notes that the injured worker reported constant neck pain that radiated to the right shoulder and right arm. Associated symptoms included headache and upper extremity weakness. The injured worker also reported increased fatigue due to sleeping difficulties secondary to pain. Physical examination of the cervical spine revealed tenderness of the paravertebral muscles, tissue tension and a decreased range of motion. The treating physician's plan of care included a request for the medications Valium and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug 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. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.