

Case Number:	CM15-0064789		
Date Assigned:	04/10/2015	Date of Injury:	11/05/1997
Decision Date:	05/12/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/06/2015

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: Emergency 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 58 year old female, who sustained an industrial injury on 11/5/97. The injured worker has complaints of right upper arm pain hypersensitive to touch. The diagnoses have included complex regional pain syndrome/reflex sympathetic dystrophy of the right upper extremity. Treatment to date has included cervical and lumbar spine X-rays and magnetic resonance imaging (MRI) scans; injections; morphine pump; therapy; right cervical thoracic sympathetic block and nucynta extended release, norco, ambien, elavil, lyrica and zofran. The request was for Zofran tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN TAB 4MG 30S: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron/Zofran is an anti-nausea medication. As per Official Disability Guide(ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation states that nausea is likely from Norco. Prior UR report has stated that Norco was denied and plan in discussion with treating provider was for weaning off Norco and Zofran. Since Norco should already have been discontinued and pt is chronically on Zofran, Zofran/Ondansetron is not medically necessary.