

Case Number:	CM15-0068556		
Date Assigned:	04/16/2015	Date of Injury:	09/16/2001
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for Zofran. Percocet and Duragesic, somewhat interestingly, were approved. A February 24, 2015 progress note and an associated RFA form were referenced in the determination. On February 24, 2015, the applicant reported multifocal complaints of neck and low back pain. The applicant also reported upper and lower extremity paresthesias. Zofran, Percocet, and Duragesic were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant was using a walker to move about. The attending provider stated that Zofran was being given to combat potential nausea associated with a planned epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #10: Overturned

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: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> Ondansetron (marketed as Zofran) Information: 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: Yes, the request for Zofran (ondansetron) was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, the applicant was planning to undergo an epidural steroid injection under anesthesia, the treating provider reported on February 24, 2015. A limited supply of Zofran (10 tablets) was indicated to combat any issues with anesthesia-induced and/or procedure-induced nausea. Therefore, the request was medically necessary.