

Case Number:	CM15-0075158		
Date Assigned:	04/27/2015	Date of Injury:	02/22/1996
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 February 22, 1996. She reported headaches, neck pain, upper and lower back pain, bilateral shoulder, upper arm, elbow, forearm, wrist, hand, thumb and finger pain, bilateral upper leg, knee, lower leg, ankle, heel, foot, great toe and toes pain, numbness, tingling and weakness in the arms and hands and numbness, tingling and weakness in the legs and feet. The injured worker was diagnosed as having failed back surgery syndrome of the lumbar spine, osteoarthritis of the bilateral hips and shoulders, depression, insomnia, vitamin D deficiency, complex regional pain in all four extremities, status post spinal cord stimulator placement and severe, widespread chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of reported continued headaches, neck pain, upper and lower back pain, bilateral shoulder, upper arm, elbow, forearm, wrist, hand, thumb and finger pain, bilateral upper leg, knee, lower leg, ankle, heel, foot, great toe and toes pain, numbness, tingling and weakness in the arms and hands and numbness, tingling and weakness in the legs and feet. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 3, 2015, revealed continued pain as noted. She was noted to use pain medication frequently. An anti-nausea medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg Qty 15: 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 chapter, Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zofran Page(s): 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) 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. In this case, the claimant does not have the above diagnoses and gets the nausea from chronic opioid use. Based on the guidelines, the Odansetron is not medically necessary.