

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0078860 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 01/07/1981 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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: New York, Tennessee

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 53 year old female, who sustained an industrial injury on 1/7/81. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus of cervical spine, bilateral upper extremity radiculopathy, (HNP) herniated nucleus pulposus of lumbar spine with radiculopathy, right and left knee sprain/strain and right ankle sprain/strain. Treatment to date has included acupuncture treatments, oral medications including narcotics and home exercise program. Currently, the injured worker complains of flare up of neck pain and lower back pain, rated 8-9/10 without medications and 4-5/10 with medications. The injured worker states no improvement following acupuncture treatments. She notes functional improvement and improvement in pain with current medication regimen. Physical exam noted tenderness over the lumbosacral spine and bilateral lumbar paraspinal muscles and restricted range of motion. The treatment plan included continuation of Percocet and home exercise program.

### 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 (ODG), Pain (Chronic) Ondansetron (Zofran); Antiemetics (for opioids nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Antiemetics (for opioid nausea).

**Decision rationale:** Zofran is ondansetron, a serotonin 5-HT<sub>3</sub> receptor antagonist, is an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case the patient became nauseated when taking percocet. Zofran is not indicated for the nausea associated with opioids. The request should not be authorized and is not medically necessary.