

Case Number:	CM15-0079902		
Date Assigned:	04/30/2015	Date of Injury:	06/17/2008
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 40 year old male, who sustained an industrial injury on June 17, 2008. He reported feeling a loud popping noise in his back. The injured worker was diagnosed as having low back pain. He was status post lumbar discectomy at lumbar 4-lumbar 5 in 2009. Diagnostics to date has included MRI and x-rays. Treatment to date has included chiropractic treatment, physical therapy, a home exercise program, a spinal cord stimulator, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 2, 2015, the injured worker reports continued good and bad days. He is able to function and keep his pain level around 3/10 by taking his pain medication every 12 hours and performing his daily exercises. The physical exam was unchanged from the prior visit. The treatment plan includes continuing his opioid pain medication. The requested treatment is Zofran.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention and treatment of chemotherapy-induced nausea and vomiting by Paul Hesketh, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain that stems from a work-related injury on 06/17/2008. This patient has "failed back syndrome" having had a lumbar laminectomy. The patient has become opioid dependent. This review addresses a request for ongoing treatment with Zofran (ondansetron). Ondansetron is one of the first-generation 5-HT₃ receptor antagonists. Zofran is a high-potency anti-nausea drug indicated for chemotherapy induced nausea and vomiting, post-operative nausea, and gastroenteritis. Long-term use is not medically recommended. This drug, and others in its class, are associated with EKG changes and heart injury from cardiotoxicity. Zofran is not medically necessary.