MAXIMUS Federal Services

Case Number:	CM15-0091556		
Date Assigned:	05/15/2015	Date of Injury:	04/16/2009
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40-year-old female, who sustained an industrial injury on April 16, 2009. She reported bilateral upper extremity weakness, bilateral lower extremity weakness, tingling in bilateral upper extremities, neck stiffness and pain, low back pain, sleep disruptions, depression, headaches and blurred vision following a motor vehicle accident. The injured worker was diagnosed as having post concussive syndrome, pain in the lower limb, low back pain, intervertebral disc degeneration of the cervical spine, neck pain, intervertebral disc degeneration of the lumbar spine, temporomandibular joint pain, hand pain and diplopia. Treatment to date has included diagnostic studies, physical therapy, rest, lower extremity injection, medications and work restrictions. Currently, the injured worker complains of head, neck, bilateral shoulder, chest wall, bilateral upper extremities, mid, back, low back, bilateral buttock and right lower extremity pain with associated blurred vision, depression, headaches, urinary incontinence and sleep disruptions. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued pain as noted with associated symptoms. She reported nausea with headaches and double vision. Zofran was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #12 with 3 refills: 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), Chronic Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Zofran 4 mg #12 with three refills is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured workers working diagnoses are diplopia; degeneration lumbar intervertebral disc; hand pain; temporomandibular joint disorder; analgesic overuse headache; degeneration cervical intervertebral disc; low back pain; neck pain; and chronic post traumatic headache. The injured worker suffers with migraine headaches according to the documentation in a April 2, 2015 progress note. Headaches are accompanied by nausea. The treating provider recently discontinued tramadol and Norco. The progress note indicates Norco was discontinued, but a request for additional Norco was listed on the request for authorization. Zofran is not indicated for nausea due to headaches. There is no documentation in the medical record the injured worker is suffering with nausea and vomiting secondary chemotherapy or radiation treatment, postoperative use or acute gastroenteritis. Zofran is not indicated for nausea and vomiting secondary to opiate use. There is no specific clinical indication in the progress note dated April 2, 2015 for Zofran. Zofran is to be taken as needed. Consequently, absent clinical documentation with an appropriate clinical indication and rationale for Zofran. Zofran 4 mg #12 with three refills is not medically necessary.