

<b>Case Number:</b>	CM14-0149836		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 22, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; long and short-acting opioids; sleep aids; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for Zofran. The injured worker's attorney subsequently appealed. In a January 22, 2014 progress note, the injured worker was described as using fentanyl, Lunesta, Neurontin, Norco, Prilosec, Percocet, and Zofran. It was stated that Zofran was being employed on an as-needed basis. The injured worker did have a past medical history notable for hypertension, pre-diabetes, and dyslipidemia, it was stated. The injured worker's work status was not clearly stated. The injured worker had lumbar laminectomy surgery on October 28, 2008. In a later note dated February 19, 2014, the injured worker again presented with low back pain radiating into the bilateral lower extremities. The injured worker's medication list included Duragesic, Lunesta, Neurontin, Norco, Prilosec, Percocet, and Zofran, it was stated. The injured worker was having difficulty performing activities of daily living as ambulating, cooking, cleaning, shopping, yard work, etc., it was acknowledged. The injured worker was given multiple medication refills, including Zofran for nausea purposes. The injured worker was permanent and stationary, it was acknowledged. On May 23, 2014, the injured worker again presented with low back pain radiating into the bilateral lower extremities. The injured worker's medication list on this occasion included Duragesic, Lunesta, Neurontin, Norco, Prilosec, and Zofran. Multiple medications were renewed, including Zofran for nausea, and omeprazole for medication-induced gastritis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg Tablet; 1 Q4H PRN for Nausea #60, with 0 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, Treatment Index, 11th Edition (web), 2013, Pain/Antiemetics (for opioid nausea)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) noted Ondansetron or Zofran is FDA approved in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, the injured worker reportedly underwent lumbar spine surgery on October 28, 2008. There was no evidence, thus, that the injured worker had had any recent lumbar spine surgery, radiation therapy, and/or chemotherapy. No rationale or medical evidence to support such usage was proffered by the attending provider so as to counter the unfavorable FDA position on the same. Therefore, the request was not medically necessary.