MAXIMUS Federal Services

Case Number:	CM14-0075443		
Date Assigned:	07/16/2014	Date of Injury:	11/30/2004
Decision Date:	11/16/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 30, 2004. In a utilization review report dated May 9, 2014, the claims administrator failed to approve a request for Zofran. The claims administrator referenced an RFA form dated April 18, 2014 in its determination. The applicant's attorney subsequently appealed. On April 18, 2014, the applicant reported ongoing complaints of low back and neck pain, 8/10. The applicant had received earlier epidural steroid injections, it was reported. The attending provider stated that the applicant was using MS Contin, Norco, OxyContin, Wellbutrin, Savella, Lexapro, and Cymbalta, several of which were renewed and/or continued. The applicant had undergone earlier failed lumbar spine surgery as well as a spinal cord stimulator implantation, it was reported. The applicant was given multiple medication renewals. Zofran was endorsed on an as-needed basis for nausea and vomiting. An epidural steroid injection was also sought. It was suggested (but not clearly stated) that the applicant was intent on employing Zofran to ameliorate issues with opioid-induced nausea. Trigger point injections were administered in the clinic. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 10 tablets Zofran 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Workers Compensation Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ondansetron (marketed as Zofran) Information Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: No, the request for Zofran, an antiemetic medication, was not medically necessary, medically appropriate, or indicated here. 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 the usage of the same and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration notes that ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there is no mention of the applicant's having had recent cancer chemotherapy, radiation therapy, and/or surgery as of the date of the request, April 18, 2014. It appeared, rather, that the attending provider and/or applicant were intent on employing Zofran for issues with opioid-induced nausea, i.e., a role for which Zofran is not explicitly espoused by the FDA and/or a role for which ODG's Chronic Pain Chapter states that antiemetics such as Zofran are "not recommended." The attending provider failed to furnish a clear or compelling rationale for usage of Zofran for opioid-induced nausea in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.