

Case Number:	CM13-0014083		
Date Assigned:	03/26/2014	Date of Injury:	12/18/2009
Decision Date:	04/25/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

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 patient is a 23 year old female who was injured on 12/18/2009 while transferring a patient she injured her lower back. Prior treatment history has included medications, Cymbalta 20 mg, Topamax 25 mg, Zofran ODT 4 mg, Norco 10-325 mg 1 q6-8 hours, Lomotil 5 mg 1-2 twice daily as needed. The patient also received left transforaminal epidural steroid injection at L5-S1 on 04/09/2013. Diagnostic studies reviewed include a urine toxicology report dated 07/22/2013. Progress note dated 09/10/2013 documented the patient to have complaints of back pain described as constant and of variable intensity typically ranging between 4/10 and 7/10 on a visual analog scale. She states the medications continue to provide good analgesic effect allowing her to attend all essential activities of daily living. Sometimes the pain goes down all the way to 0/10 on a pain scale. The medications are very well tolerated with the adjustments that were made recently adding Lomotil to the regimen. Objective findings on exam included the patient has persistent tenderness in the left paralumbar and left gluteal regions. Her gait is steady.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DATE OS SERVICE: 02/25/13, 05/02/13, 5/29/13, 06/24/13) USAGE OF ONDANSETRON ODT 4MG #60: 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).

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

Decision rationale: According to the Official Disability Guidelines (ODG) "Antiemetic (for opioid nausea) - Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. 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. Ondansetron (Zofran®): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." According to the medical records, the patient had been prescribed Ondansetron (Zofran) on dates of service, 02/25/13, 05/02/13, 5/29/13, and 06/24/13. The patient has been taking opioids. However, this medication is not recommended for nausea and vomiting secondary to chronic opioid use. This medication has limited application for short-term use. According to the guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and in acute use for gastroenteritis. The records do not reflect the patient had undergone treatment for cancer or surgery. In addition, the records do not document any history of diagnosed gastroenteritis. Furthermore, the multiple dates of service for which the medication was dispensed are not consistent with FDA approved use. The medical records do not establish this medication was appropriate and medically necessary for the treatment of this patient. This retrospective request for usage of Ondansetron ODT 4 mg #60, (DOS: 02/25/13, 05/02/13, 5/29/13, 06/24/13) is not medically necessary and appropriate.