

Case Number:	CM13-0019469		
Date Assigned:	10/11/2013	Date of Injury:	09/19/2008
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Washington DC. 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 physician 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:

This is a 56 year old male who suffered an injury secondary to employment on 9/18/2008. He injured his neck while replacing a broken window. In a note by [REDACTED] (orthopedics) on 3/24/09, he was noted to have radicular signs and instructed . He chronicled the patient's injury and the patient was initially instructed by his employer to apply ice to his neck, and this seemed to alleviate the pain initially. He was able to continue work. Unfortunately, with continued neck pain, the patient was unable to continue work as of 10/30/08. He was referred to [REDACTED] in January 2009 who obtained studies that noted radicular signs in the cervical spine, after which the patient did physical therapy. The patient saw [REDACTED] who placed him on disability. [REDACTED] wrote in his note from 3/24/09, that the patient was to continue physical therapy and medical therapy. The patient had a visit with orthopedics on 8/6/13 with [REDACTED]. This was part of preoperative evaluation which indicated pt had been cleared by cardiology for the procedure by [REDACTED] on 5/20/13. The patient was also noted to remain off work until 6/10/13. The patient had anterior discectomy of C4-C7 on 8/29/13. There is no documentation suggesting difficulty with PONV(post-operative nausea and vomiting).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Medscape <http://reference.medscape.com/drug/zofran-zuplenz-ondansetron-342052>

Decision rationale: There is no medical indication for this medication in this patient's case. This drug is typically in a patient with nausea/vomiting, post-operative nausea and vomiting, or chemo-related nausea and vomiting. This may also be given to treat side effects from narcotics such as opiates. The patient does not have any documentation to suggest any of this and it is not clear why this request has been submitted.