

Case Number:	CM13-0020137		
Date Assigned:	06/27/2014	Date of Injury:	07/02/2010
Decision Date:	07/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 New York. 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:

Patient claiming injury 7/2/2010 who is s/p micro lumbar decompressive surgery on the left at L3-4 and L5-S1 on 6/27/13. She is s/p lumbar fusion at L4-5. She was using oxycodone following the surgery, and it helped decrease pain but caused nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Hol 4mg tab #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain,(updated 06/07/13), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Drug reference information for Zofran / Ondanestron.
<http://reference.medscape.com/drug/zofran-zuplenz-ondansetron-342052#0>.

Decision rationale: Opioid-induced nausea is not an indication for ondansetron. It is approved for chemotherapy-induced nausea and vomiting; postoperative (perioperative) nausea and vomiting ; radiation-induced nausea and vomiting; hyperemesis gravidarum; off label spinal

opoid-induced pruritis, rosacea and cholestatic pruritus. This medication is not indicated for the use requested, and is not medically necessary.

Omeprazole 20mg capsules #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole, a PPI, is authorized in those with GI risk factors taking an NSAID. This patient is on narcotic medication, and it is not indicated for the side effects the patient describes as related to her medication (Percocet), headache and nausea. The request is not medically necessary.