

Case Number:	CM13-0025305		
Date Assigned:	11/20/2013	Date of Injury:	04/13/2010
Decision Date:	02/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 female patient with a date of injury of April 13, 2010. The utilization review determination dated September 10, 2013 recommends noncertification of ondansetron. Current medications include OxyContin 30 mg bid. levothyroxine, oxycodone 15 mg QID PRN, Prozac, and Klonopin. Review of systems states, "review of systems including G.I., GU, neurologic, HEENT, allergic, lymphatic, constitutional, respiratory, cardiac, and psychologic are negative." Physical examination identifies, "lumbar ranges of motion were restricted by pain in all directions. A lumbar discogenic provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally, except for a right positive Patrick's maneuver that re-created hip pain. Nerve root tension signs were negative bilaterally, except for a positive bilateral straight leg raise." Impression includes status post spinal cord stimulator implant, bilateral lower extremity neuropathic pain, bilateral L5 - S1 radiculopathy, trace annular bulge at L1-2, lumbar degenerative disc disease, lumbar facet joint arthropathy, degenerative levoscoliosis, hypothyroidism, pancreatitis, irritable bowel syndrome, and kidney stones. Treatment recommendations indicate that Zofran meets ODG guidelines to treat acute postoperative nausea and vomiting from the patient's surgical spinal cord stimulator implant on August 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron HCL 4mg #60, 15 day supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Ondansetron, and the US Food and Drug Administration, Online version, Section on Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Section on Antiemetics.

Decision rationale: Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, it is clear the patient recently underwent a surgical procedure. The requesting physician has also documented postoperative nausea and vomiting. Ondansetron is indicated for postoperative use. Therefore, the currently requested ondansetron is medically necessary.