

Case Number:	CM13-0025514		
Date Assigned:	11/20/2013	Date of Injury:	06/04/2006
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/18/2013

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 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:

The underlying date of injury in this case is 06/04/2006. The reference diagnosis is 724.4 or neural sacral radiculitis. The treating diagnoses include status post cervical fusion at C4-5, cervical disc displacement at C6-7, and removal of hardware at C5-6 as well as a history of L4-S1 lumbar fusion and left knee chondromalacia. The treating physician notes indicate that the patient has been prescribed Ondansetron with a history of nausea associated with headaches and cervical spine pain. The treating physician notes that this medication is beneficial by suppressing the nausea which occurs with the onset of headache. An initial physician review concluded that Ondansetron is not indicated for the stated use of nausea due to neck pain and headaches

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 (2 refills): 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 Food and Drug Administration- Approved Labeling Information.

Decision rationale: FDA-approved labeling information states that Ondansetron is indicated for nausea and vomiting associated with cancer chemotherapy or radiation treatment or the prevention of postoperative nausea. The treatment guidelines do not support an indication for this medication in a chronic setting such as associated with headaches and neck pain as described in this case. The medical records do not include a peer-reviewed reference to support the proposed off-label use of Ondansetron. This request is not medically necessary.