

<b>Case Number:</b>	CM13-0032869		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 43-year-old male who reported a work related injury on 04/07/2003, specific mechanism of injury not stated. The clinical note dated 11/05/2013 reports the patient was seen under the care of the provider. The provider documents the patient presents for treatment of the following diagnoses, chronic cervical spine pain, complaints of depression, and chronic low back pain. The provider documents the patient utilizes the following medication regimen, Cymbalta 60 mg by mouth every day, Abilify 10 mg by mouth every day, Cymbalta 30 mg by mouth every day, Norco 10/325 mg 3 times a day as needed for severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 4mg, #8, D/s: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), and Food drug administration (FDA).

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

**Decision rationale:** The clinical documentation submitted for review fails to evidence a rationale for the requested medication. The California MTUS/ACOEM do not specifically

address this medication; however, Official Disability Guidelines (ODG) indicate that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Given the lack of rationale for the patient's utilization of this medication, the request is not medically necessary nor appropriate