

Case Number:	CM13-0034785		
Date Assigned:	12/11/2013	Date of Injury:	08/06/2007
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 36-year-old male who, on August 6, 2007, while in Active Shooter training, right foot slipped off a curb and his right knee flexed and he heard a pop. During the next training scenario the patient heard another pop. The current diagnoses are Lumbago and lower leg joint pain. Treatment included July 2, 2013 spinal cord stimulator implant, April 3, 2008 right knee arthroscopy, January 27, 2009 right knee arthroscopy, July 2, 2010 right knee arthroscopy June 15, 2011 right total knee replacement, medications and diagnostics. In the most recent report on file, dated August 27, 2013 [REDACTED] notes the patient has been weaning off medications. The patient is having some minor chills and nausea. He reports stable functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, #30, date of service of August 27, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus

Decision rationale: The California MTUS (Effective July 18, 2009) is mute on this topic. According to Medline Plus, Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT₃ receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. There is no indication for use in medication weaning related therapy. Therefore, the request for Ondansetron 8mg #30 DOS 8/27/2013 is not medically necessary and appropriate.