

Case Number:	CM13-0038864		
Date Assigned:	12/18/2013	Date of Injury:	04/25/2009
Decision Date:	06/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 Family Practice 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 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:

This injured worker's date of injury was 04/25/13. Her current diagnoses include chronic low back pain, obesity, COPD, and opioid dependence. This patient has had low back surgery, L2-3 lumbar discectomy and inters body fusion. The postoperative note by her physician dated 10/02/13 states that she had her anterior lumbar discectomy with inter body fusion at L2-L3. Her medications included Percocet (an opioid), Zanaflex (a Muscle relaxer), and Atarax (an anti-histamine). On exam there were no neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON HCL 4MG, #30: 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 Other Medical Treatment Guideline or Medical Evidence: Zofran (ondansetron) rxlist.com, accessed online

Decision rationale: This patient has chronic low back pain. She has undergone low back surgery twice, once in 2012 and once in 2013. Her physician has requested 30 tablets of ondansetron 4 mg. This medication is medically indicated for the treatment of nausea from chemotherapeutic

drugs or radiation therapy used in treating certain forms of cancer. Ondansetron may cause potentially serious side effects including: severe dizziness, dyspnea, agitation, blurred vision, and alteration of the heart rate. Based on the documentation presented for this patient, the request for ondansetron is not medically necessary and appropriate.