

Case Number:	CM13-0041189		
Date Assigned:	12/20/2013	Date of Injury:	07/25/2007
Decision Date:	02/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient was a 65 year old female with complaints of pain in her back and ankle as documented on 09/06/2013. The patient was noted as having weakness in her right shoulder. The patient had cervical spine junctional pathology, lumbar discopathy/radiculopathy, right ankle sprain, pain status post left knee arthroscopy, right shoulder impingement and rotator cuff pathology noted as her diagnosis. The patient was further noted to be awaiting a right shoulder rotator cuff surgery. The patient was noted as being treated with Hydrocodone/APAP 10/325 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last Updated 06/07/2013 and Mosby's Drug Consult

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

Decision rationale: The request for Ondansetron ODT 8mg is non-certified. The patient was noted as being treated with hydrocodone for her pain. The Official Disability Guidelines do not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. The documentations submitted for review did not address the indications of use for the medication requested. Furthermore, the request does not specify the amount of medication requested. The amount is necessary for review in order to assure proper reevaluation of the efficacy of the prescribed medication requested and it allows for modification of treatment for the patient as needed. Given the information submitted for review the request for Ondansetron ODT 8mg is non-certified.