

<b>Case Number:</b>	CM13-0048728		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/28/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in New York. 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:

The patient sustained an industrial injury in 2009. Diagnoses are cervical spondylosis, status post anterior cervical discectomy and C5-C6 fusion, cervical degenerative disc disease with multilevel facet arthropathy, major depressive disorder, atrial fibrillation, and status post right shoulder arthroscopy. The patient complained of pain in the neck, lower back, and bilateral upper and lower extremities. Medications included Norco, Zanaflex, Gabapentin, and Zofran. Follow-up medical examinations were considered medically necessary. Ondansetron (Zofran) was not considered medically necessary since this medication is indicated for prevention of nausea and vomiting caused by surgery or by cancer treatment (radiation or chemotherapy), but there was no documentation that the patient had had either surgery or cancer treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON HCL 4 MG:** 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) Pain Chapter, Antiemetic for Opioid Nausea.

**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, Antiemetic for Opioid Nausea.

**Decision rationale:** Antiemetic's are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA approved for postoperative use and for nausea and vomiting associated with chemotherapy and radiation therapy. The medical records do not document that the patient has undergone recent surgery or cancer chemotherapy or radiation therapy; therefore, use of ondansetron cannot be supported. The request for Ondansetron HCL 4 mg is not medically necessary and appropriate.