

<b>Case Number:</b>	CM13-0051257		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56 year old female with a reported injury date on 05/28/2008; the mechanism of injury was not provided. The clinical note dated 10/28/2013 noted that the injured worker had complaints that included pain to bilateral wrists with numbness and tingling, pain to the lumbar spine, pain to right shoulder that increased with upper extremity activity, and pain to bilateral knees and left ankle that increased with activity. Objective findings included tenderness to the right shoulder anteriorly, mid to distal lumbar spine segments, knee joint line, and at the anterolateral aspect of the left ankle. Additional findings included positive palmar compression test and Tinel's in the wrists bilaterally, positive impingement and Hawkins sign in the right shoulder, and positive seated nerve root test in the lumbar spine with dysesthesia at the L5 and S1 dermatomes. It was also noted upon examination that the injured worker had positive McMurray's and patellar compression test bilaterally in both knees. The request for authorization for ondansetron was submitted on 11/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 8 MG #30 X 2:** 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 Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (For Opioid Nausea).

**Decision rationale:** It was noted that the injured worker had complaints that included pain to bilateral, lumbar spine, right, bilateral knees and left ankle. Objective findings included tenderness to the right shoulder anteriorly, mid to distal lumbar spine segments, knee joint line, and at the anterolateral aspect of the left ankle. The Official Disability Guidelines do not recommend the use of ondansetron for nausea and vomiting secondary to chronic opioid use. However, it is approved for nausea and vomiting secondary to chemotherapy and radiation treatment and postoperatively. The medical necessity for use of this medication has not been established. There was a lack of evidence within the documentation provided that the injured worker was experiencing symptomatology that would benefit from the use of this medication. Additionally, the documentation did not show that the injured worker was postoperative or receiving chemotherapy and radiation treatment. As such this request is not medically necessary.