

Case Number:	CM13-0054020		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2012
Decision Date:	03/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 is a 58 year old male who reported an injury on 05/02/2012. The mechanism of injury was not provided for review. The patient's most recent clinical examination findings dated 09/24/2013 revealed that the patient had tenderness to palpation along the cervical paravertebral musculature with positive axial loading compression test and decreased strength in the bilateral upper extremities. Examination of the bilateral upper extremities revealed positive palmar compression test with a positive Phalen's maneuver and positive Tinel's sign. Physical examination of the lumbar spine revealed tenderness to palpation along the paravertebral musculature and spasm with pain with range of motion and positive straight leg raise test. Examination of the patient's knee revealed medial joint line tenderness and a positive McMurray's sign with pain with range of motion. The patient's diagnoses included cervical discopathy, lumbar discopathy, double crush carpal tunnel syndrome, and left knee medial meniscus tear with degenerative joint disease. The patient's treatment plan included continuation of medications. The patient's medication schedule included naproxen sodium, cyclobenzaprine, ondansetron, omeprazole, quazepam, Medrox patches, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #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 California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM). Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics.

Decision rationale: The requested ondansetron 8 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review indicates that this patient is prescribed this medication due to nausea-induced by cyclobenzaprine. Official Disability Guidelines do not recommend anti-emetics for nausea-induced by medication usage. Additionally, Official Disability Guidelines state this medication is recommended for cancer treatment-related nausea and vomiting, postsurgical-related nausea and vomiting, and instances of acute gastritis. The clinical documentation submitted for review does not provide any evidence that the patient meets any of these criteria. Therefore, the need for this medication is not established. As such, the requested ondansetron 8 mg #30 is not medically necessary or appropriate.