

Case Number:	CM13-0059434		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2008
Decision Date:	04/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 53-year-old female who reported an injury on 05/23/2008 due to repetitive trauma while performing normal job duties. The patient developed chronic pain in the neck and right arm. The patient's chronic pain was managed with multiple medications to include cyclobenzaprine, diclofenac, omeprazole, ondansetron, tramadol, and Wellbutrin. The patient's most recent clinical evaluation documented the patient had functional improvement and pain relief with medication usage. Physical findings included restricted range of motion of the cervical spine secondary to pain. The patient's diagnoses included degenerative disc disease of the cervical spine, herniated disc of the cervical spine, degenerative disc disease of the lumbar spine, herniated disc of the lumbar spine, right knee degenerative joint disease, and depression. The patient's treatment plan included continuation of medications and a referral for pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 4 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics

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

Decision rationale: The Official Disability Guidelines do not recommend the use of antiemetics to assist with nausea-related medication usage. Official Disability Guidelines specifically recommend this medication for nausea and vomiting related to cancer-related treatments, postoperative symptoms, or acute gastritis. The clinical documentation submitted for review does not provide any evidence the patient has a history of acute gastritis. Therefore, the need for this medication is not clearly indicated. As such, the requested ondansetron 4 mg #30 is not medically necessary or appropriate.