

Case Number:	CM13-0062030		
Date Assigned:	12/30/2013	Date of Injury:	10/19/2011
Decision Date:	03/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Michigan, Nebraska, and Indiana. 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 44-year-old male who reported an injury on 10/19/11. He reached overhead to retrieve a 100 pound box and caused injury to his low back. This injury ultimately resulted in an L3-4 fusion in 2012. The patient's chronic pain was managed with medications. He underwent L3-4 hardware removal and lumbar decompression with fusion of the L3-S1 levels in December 2013, and underwent additional spinal exploration on 12/20/13. The patient's most recent evaluation, on 1/24/13, documented that the patient had a significant amount of pain and tenderness postsurgically with radicular complaints in the L3-4 distribution. Medications for pain control were recommended. His medications included Medrox pain relief ointment, Omeprazole, Ondansetron, Cyclobenzaprine and naproxen sodium tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ondansetron ODT 8mg with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend this medication for patients with postsurgical nausea/vomiting, symptoms related to cancer treatments, and acute gastritis. Although the clinical documentation indicates that the patient has recently undergone surgical intervention, the most recent clinical note indicates that the patient is prescribed this medication for nausea relief related to medication usage. The Official Disability Guidelines do not support the use of antiemetics to control medication-induced nausea and vomiting. Therefore, the use of this medication is not supported. As such, the requested Ondansetron is not medically necessary or appropriate.