

<b>Case Number:</b>	CM13-0065753		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Family Practice, and is licensed to practice in California. 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 54-year-old male who reported an injury on 04/15/2013. The mechanism of injury was not provided. The patient underwent a lumbar epidural steroid injection and a right S1 selective epidural block and the patient was noted to have no improvement. The patient noted to feel warm and flushed with no frank fever or chill. The patient's pain was 9/10 in his back with some more pain down the leg that was sharp and burning. The patient had increased pain in the low back and legs, particularly, plus some pain in the ribs. The patient indicated that the pain was more right than left. The patient was palpably tender over the right more than the left posterior elements of the spine and had greater pain on extending and flexing in the low back. Straight leg raise was painful bilaterally. The patient's diagnoses included lumbar sprain or strain and lumbosacral radiculopathy. It was indicated that the patient's Ondansetron would be refilled for nausea from pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO ONDANSETRON 8 MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference, Zofran (Ondansetron)

**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, Ondansetron

**Decision rationale:** The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The duration of the medication could not be established through the submitted documentation. The clinical documentation submitted for review indicated the necessity for the medication was for nausea from pain medication. There is a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Ondansetron 8 mg #30 is not medically necessary.