

Case Number:	CM13-0065931		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2003
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	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 Internal Medicine, Pulmonary Diseases, 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 41-year-old male who reported an injury on 07/28/2003. The mechanism of injury was not provided. The patient's diagnosis was noted to be open wound of knee, leg except thigh and ankle. The patient was noted to be on ondansetron as of 06/28/2013. The documentation of 10/04/2013 indicated that the physician was prescribing ondansetron as needed for an upset stomach due to side effects of cyclobenzaprine and other analgesic agents. The patient's other medications were noted to be naproxen sodium tablets, omeprazole, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ondansetron ODT Tablets 8mg #30 x2 QTY: = 60 (Nausea due to side effects to cyclobenzaprine and other analgesic agents) Sig: Place on tip of tongue and allow to dissolve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Pain, 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, Ondansetron.

Decision rationale: Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There was lack of documentation indicating the efficacy of the requested medication. Additionally, there was a lack of documentation of exceptional factors to warrant continued usage. Given the above, the request for prescription of ondansetron ODT Tablets 8mg #30 x2 QTY: = 60 (Nausea due to side effects to cyclobenzaprine and other analgesic agents) Sig: Place on tip of tongue and allow to dissolve, is not medically necessary.