

Case Number:	CM13-0066522		
Date Assigned:	01/03/2014	Date of Injury:	09/07/2000
Decision Date:	11/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family Medicine and is licensed to practice in Utah. 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 43 years old. The patient's date of injury is 9/7/2000. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with Intervertebral thoracic disc disorder in thoracic and lumbar region, back disorder, lumbar sprain and strain, dysthymic disorder, sleep disturbance, and gastritis. The patient's treatments have included medications. The physical exam findings dated 4/8/2014 state H/A none, and Sleep up arrow AV?(illegible). The patient's medications have included, but are not limited to, Oxycontin, Dilaudid, Zofran, Cymbalta, Trazodone, Amitiza, reglan, Miralax and Ambien. The request is for a Ondansetron, a nausea medication. It is unclear how long the patient has been taking this medication and what the outcomes of this are.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON HCL 4MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline, Uptodate.com, Zofran

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ondansetron. Guidelines state the following: prevention of nausea and vomiting associated with high emetogenic cancer chemotherapy. It has not been established for treatment of medications induced nausea. According to the clinical documentation provided and current guidelines, Ondansetron is not indicated as a medical necessity to the patient at this time. Therefore the request is not medically necessary.