

<b>Case Number:</b>	CM13-0068070		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational Medicine, 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 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:

Patient is an injured worker with neck, back, and right upper extremity conditions. Date of injury was 01-19-2011. Pain management consultation dated 10-28-2013 by [REDACTED] documented patient's history of present illness: The patient is here for an interventional pain management consultation. She states that her pain is mostly located in the low back and midback. Her Injury was a work-related injury, originally occurring January of 2011. She rates the pain as a 9/10. It is described as a burning, stabbing, throbbing, and shooting pain. It is exacerbated by movement, activity, and exercise and is relieved by her pain medications, which include Norco 5/325 prn. She is also currently taking Ambien for sleep. She does have some symptoms of GI upset and nausea with the use of the Norco. She is currently taking Zofran and Prilosec as needed to control these symptoms. Physical examination: The patient is alert and oriented x3. No acute distress. She is tender to palpation over the T12-L3 region bilaterally, right side is greater than left. Positive FABER test bilaterally. Facet joint loading is positive bilaterally. Diminished range of motion in cervical and lumbar spine. Right C8 diminished dermatomal distribution to light touch and pinprick. Motor sensation and deep tendon reflexes are intact in the lower extremities. Diagnoses: Multilevel herniated nucleus pulposus (HNP) of the cervical spine, herniated nucleus pulposus (HNP), Cervical strain/sprain, Lumbar facet arthropathy, Lumbar spondylolysis. Primary treating physician's report dated 10-07-2013 by [REDACTED] documented that the patient is currently taking Norco 5/325, Zofran which helps decrease nausea, Prilosec which helps her GI symptoms. Diagnoses were: multilevel HNPs cervical spine, cervical radiculopathy, right shoulder subacromial bursitis, right elbow medial epicondylitis, right cubital tunnel syndrome symptoms, anterolisthesis C4-5, facet arthropathy C4-5, lumbar facet arthropathy, chronic low back pain. Request for authorization was submitted for Ondansetron (Zofran). Utilization review dated 11-22-2013 recommended non-certification of the request for Ondansetron.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 4MG #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic) Ondansetron (Zofran®).

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address Ondansetron. Official Disability Guidelines (ODG) Pain (Chronic) states that Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. FDA prescribing information reports that the FDA approved indications and usage for Ondansetron are: Prevention of nausea and vomiting associated with cancer chemotherapy; Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen; Prevention of postoperative nausea and/or vomiting. Medical records documented that Ondansetron is being request for nausea associated with Norco (hydrocodone/acetaminophen). No history of cancer chemotherapy or radiotherapy is documented. Ondansetron is not being requested for postoperative nausea and vomiting. ODG guidelines and FDA prescribing information report that Ondansetron has FDA approved indications for cancer chemotherapy, radiotherapy, and postoperative nausea and vomiting. Ondansetron does not have FDA approval for opioid associated nausea. Therefore, the request for ONDANSETRON 4 MG #10 is Not medically necessary.