

<b>Case Number:</b>	CM13-0070063		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 61 year old male who reported an injury on 04/12/2001. The mechanism of injury was not provided in the medical documentation. The injured worker's diagnoses included lumbar disc displacement without myelopathy, post-laminectomy syndrome, and long term use of medications. The clinical note dated 09/26/2013 reported the injured worker was having no side effects related to the methadone he was taking and his pain was reported to be controlled. The injured worker also had a negative straight leg raise bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETOSPECTIVE ONDANSECROX ODT 4MG #30 X 2 WITH A DATE OF SERVICE OF 10/04/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Section.

**Decision rationale:** Per the Official Disability Guidelines (ODG), Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is

common with use of opioids and these side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. The guidelines note Ondansetron (Zofran®) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. There is a lack of documentation regarding the injured workers need for this medication. The clinical documentation provided states the injured worker is not experiencing any side effects from his pain medication. There is further lack of documentation regarding chemotherapy or radiation treatments for the injured worker. Therefore the request for Ondansetron 4mg #30 times 2 for date of service 10/04/2013 is not medically necessary or appropriate.