

<b>Case Number:</b>	CM13-0070316		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Internal 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:

The patient is a 33-year-old female with a 7/13/06 date of injury. She has been on narcotics for some time; an agreed medical examination in 2013 recommended weaning. She has persistent low back pain with bilateral lower extremity symptoms following lumbar decompression. Multiple medications are prescribed, including MS Contin, Cymbalta, Lyrica, Percocet, and Ondansetron. A 10/22/13 progress report described ongoing low back pain, with radiation to the lower extremities. Medications were discussed; they decrease pain and somewhat increase function. The patient reported nausea and constipation from medications, but denied any other side effects. A CURES report and urine drug screen were noted. The treatment plan discussed ongoing medication use, aquatic therapy, and follow-up with primary care provider. Treatment rendered to date has included medications, 2-3 lumbar epidural steroid injections, activity modification, and lumbar decompression at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON HCL 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 Citation Official Disability Guidelines (ODG) ODG Pain Chapter (Anti-emetics for opioid nausea)

**Decision rationale:** The patient has a chronic injury with many years of opioid medication use. The patient reported nausea and constipation due to medication use. She is prescribed multiple medications, including Percoct and MS Contin. However, the Official Disability Guidelines and the FDA state that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. This medication is not indicated for reduction in medication induced nausea. As such, the request is not medically necessary.