

<b>Case Number:</b>	CM13-0072252		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic low back pain and neuropathic pain reportedly associated with an industrial injury of February 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications. In a Utilization Review Report dated December 12, 2013, the claims administrator denied a request for ondansetron or Zofran. The applicant's attorney subsequently appealed. In a progress note dated November 26, 2013, the applicant was described as presenting with a primary complaint of chronic low back pain with ancillary complaints of knee pain, hip pain, and headaches. The applicant was asked to continue ondansetron to counter nausea associated with NSAIDs. The applicant was described as using other medications, including the Voltaren, Flexeril, omeprazole, and tramadol. The applicant was returned to regular work, on paper, although it was not clearly stated whether the applicant was in fact working or not. It was also suggested that the applicant undergo a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, does stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and it should, furthermore, provide some evidences for such usage. In this case, the Food and Drug Administration (FDA) notes that ondansetron or Zofran is indicated to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had cancer chemotherapy, radiation therapy, and/or surgery. Rather, attending provider stated that he intended to prescribe ondansetron to prevent NSAID-induced nausea. This is not an approved indication for the same, according to the FDA. No rationale of medication evidence was provided to counter the unfavorable FDA recommendation. Therefore, the request is not medically necessary.