

<b>Case Number:</b>	CM14-0004309		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/24/2004
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Preventive 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:

According to the records made available for review, this is a 62-year-old female with a 10/24/04 date of injury. At the time (12/4/13) of request for authorization for Ondansetran ODT tablets 8 mg #60, there is documentation of subjective (persistent low back pain) and objective (tenderness to palpation over the lumbar spine with dysesthesia at the L5 and S1 dermatomes) findings, current diagnoses (lumbar discopathy), and treatment to date (medications (including ongoing therapy with Tramadol and Cyclobenzaprine); physical therapy, and activity modification). Medical report identifies a request for Ondansetron for nausea associated with Cyclobenzaprine use. There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRAN ODT TABLETS 8 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (U.S.FOOD AND DRUG ADMINISTRATION), (ONDANSETRON)

**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 (for opioid nausea)

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. However, despite documentation of a request for Ondansetron for nausea associated with Cyclobenzaprine use, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetran ODT tablets 8 mg #60 is not medically necessary.