

Case Number:	CM14-0006232		
Date Assigned:	06/27/2014	Date of Injury:	05/04/1984
Decision Date:	08/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 05/04/1984 of an unknown mechanism. The injured worker was diagnosed with hypertension, gastroesophageal reflux disease, insomnia, and lumbago. The injured worker had made complaints of pain to the right wrist and bilateral knees pertaining to range of motion. The level of pain and nature of pain during the range of motion were not reported in this documentation. The injured worker also complained of nausea whenever he eats fried foods, carbonated beverages, and eating during irregular times. The injured worker also notes his nausea is compounded by work-related stress associated with irregular eating habits. The documentation notes the injured worker last saw his physician on 12/10/2013 and was prescribed naproxen, Soma, metoprolol, Welchol, and aspirin. The physician requested Ondansetron ODT tablets, 30 times 2, quantity of 60. The rationale is for the treatment of gastroesophageal reflux disease. A request for authorization form was signed on 11/26/2013 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT TABS 8MG #30 TIMES 2, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food & Drug Administration http://www.fda.gov/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm271924.htm?utm_source=fdasearch&utm_medium=website&utm_term=zofran&utm_content=1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rx List: Gastroesophageal Reflux Disease Medications, Ondansetron.

Decision rationale: The request for Ondansetron ODT tabs 8 mg #30 times 2 (quantity of 60) is non-certified. Rx List states this medication is a serotonin 5-HT₂ receptor antagonist and is recommended for acute use of gastroenteritis. The injured worker's complaint is for the treatment of gastroesophageal reflux disease, also known as GERD; this disease affects the esophagus while gastritis affects the stomach. The injured worker's complaint of gastroesophageal reflux disease and complaints of nausea and vomiting are related to his observed correlation of consuming fried foods and carbonated beverages, work-related stress, as well as eating at irregular periods. These findings have been documented by his physician. Rx List notes Ondansetron blocks the actions of chemicals in the body that can trigger nausea and vomiting. This medication reduces the production of gastric acid and should be taken 30 minutes prior to consuming food and at bedtime to suppress night time production of stomach acid. The request does not address how often the medicine is to be taken and 60 tablets indicates the modality is chronic, or a treatment lasting longer than two weeks, rather than acute in nature. As such, the request for authorization is not medically necessary.