MAXIMUS Federal Services

Case Number:	CM14-0007956		
Date Assigned:	02/10/2014	Date of Injury:	12/31/2004
Decision Date:	09/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 31, 2004.Thus far, the applicant has been treated with analgesic medications; adjuvant medications; muscle relaxants; a total knee arthroplasty and opioid therapy.In a Utilization Review Report dated January 8, 2014, the claims administrator denied a request for ondansetron, citing non-MTUS ODG Guidelines on the grounds that the applicant reportedly did not have any active symptoms of nausea or vomiting. The applicant's attorney subsequently appealed.In a July 5, 2013 progress note, the applicant presented with chronic low back pain radiating into the bilateral lower extremities, 9/10 with medications and 10/10 pain without medications. The applicant was limited in terms of performance of activities of daily living including ambulating and hand function. The applicant was seeing a psychiatrist, it was acknowledged. Multiple medications were refilled, including ondansetron, cyclobenzaprine, Lidoderm, Norco, and morphine. It was stated that the applicant had a lumbar fusion and bilateral total knee arthroplasties at various points in time.On November 19, 2013, the applicant was again given refills of morphine, Zofran, Flexeril, Norco, lidocaine, and Neurontin. Authorization was sought for epidural steroid injection therapy. The applicant's work status was not furnished on this occasion, although it did not appear that the applicant was working.The applicant once again received refills of morphine, Zofran, Flexeril, Norco, lidocaine, and Neurontin on December 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide.

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 stipulate that an attending provider using a drug for non-FDA labeled purposes has responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA), it is incidentally noted, notes that ondansetron is indicated only in the treatment of nausea and vomiting generated by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant underwent any kind of recent spine surgery or knee surgery. There was no evidence that the applicant received cancer chemotherapy and/or surgery. Rather, it appeared that the attending provider was employing ondansetron for opioid-induced nausea on a chronic and long-term basis, usage that is not explicitly endorsed by the FDA. No applicant-specific rationale or medical evidence was furnished to offset the unfavorable FDA position on the same. Therefore, the request was not medically necessary.