

<b>Case Number:</b>	CM14-0008463		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Patient Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/21/11. A utilization review determination dated 1/8/14 recommends non-certification of Ondansetron. 12/2/13 medical report identifies continued symptomatology in the upper extremities with paresthesias and numbness at night. On exam, there is cervical tenderness, positive axial loading compression test and Spurling's maneuver, restricted ROM, bilateral thumb CMC joint tenderness, positive grinding sign, positive Tinel, and positive Phalen's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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:** Regarding the request for Ondansetron ODT tablets 8mg #60, California MTUS does not address the issue. ODG cites that Ondansetron is FDA-approved for nausea and

vomiting secondary to chemotherapy and radiation treatment, postoperative use, and gastroenteritis. Within the documentation available for review, there is no description of nausea and vomiting secondary to a condition for which the medication is supported. In the absence of such documentation, the currently requested Ondansetron ODT tablets 8mg #60 is not medically necessary.