

Case Number:	CM14-0009887		
Date Assigned:	02/21/2014	Date of Injury:	11/11/2011
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 68-year-old female who sustained an injury on 11/11/2011, when she tripped over an electric cord. The patient had the immediate onset of pain in her lower back. Due to continuing pain in her back, the patient underwent an MRI scan of her lumbar spine, which reportedly revealed through two (2) bulging disks and degenerative disc disease. The patient states she has pain in her back, which travels down her left leg to her second and third and fourth toes. She has pain with prolonged walking and numbness and tingling in her toes. She has pain with bending and lifting and squatting. The patient has limitation of lumbar spine motion and the straight leg raise test causes pain in the lower back. She is taking Norco for pain. This medication also causes nausea for the patient. The patient has been receiving psychotherapy for anxiety and depression. The psychotherapy appears to be helping. A request was made for ondansetron 8 mg daily to counteract the nausea associated with taking the opioids (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOSBY'S DRUG CONSULT, ZOFTRAN/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, ANTIEMETICS.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for chronic opioid nausea. Nausea secondary to opioid use is usually of short duration. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. This patient has had nausea reportedly associated with opioid use for at least three (3) years. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and acute use. The medication is FDA approved for gastroenteritis. The request for ondansetron for opioid-related nausea falls outside the FDA approved use. Therefore the medical necessity for this medication to treat opioid related nausea has not been established.