

Case Number:	CM14-0104260		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2001
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 12, 2001. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; a spinal cord stimulator; and extensive periods of time off of work. In a Utilization Review report dated June 30, 2014, the claims administrator denied a request for Ondansetron (Zofran). On November 8, 2013, the applicant was described as permanently disabled. The applicant was using Neurontin, Zofran, Percocet, Morphine, and Tizanidine, it was stated. In a later note dated April 11, 2014, it was again stated that the applicant was deemed "permanently disabled." The applicant was apparently using Neurontin, Zofran, Morphine, Tizanidine, Percocet, Tenormin, Triamterene-Hydrochlorothiazide, and Xanax, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ondansetron (unknown duration and frequency) dispensed on 04/11/2014:
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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ondansetron Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Zofran 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 a responsibility to be well-informed regarding usage of the same and should, furthermore, furnish some compelling medical evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ondansetron is indicated only in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. The attending provider's usage of Ondansetron for chronic pain purposes and/or pain-induced nausea falls under the category of non-FDA labeled usage. No applicant-specific rationale or medical evidence was proffered to support the use of Ondansetron for this case, contrary to the FDA position on the same. Therefore, the request was not medically necessary.