

Case Number:	CM14-0104326		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2004
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
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 Internal 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 injured worker is a 48 year old woman who reportedly suffered an industrial injury on 12/30/2004. She was seen last in June 2014 by the requesting provider, who is a pain specialist although the note was signed by a physician assistant. The clinical notes from the pain center including the most recent visit were almost identical, with minor modifications, suggesting that they were being copied forward with minor modifications. There was a report of frequent nausea. The patient was on opiate treatment chronically in addition to Lyrica and lidocaine. The request was for Ondansetron for chronic nausea. There was no elaboration of the complaint of nausea, frequency, timing, relationship to meals or medications, any other measures that had been tried for it, including reduction in the dose of opiates or the substitution of opiates in part by other agents including non steroidal anti inflammatories or acetaminophen. No consideration to change of the opiate to one with less side effect of nausea was evident in the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg Quantity Unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Standard of Practice, PDR, and Drugs.com Official Disability Guidelines: Treatment Index, 12th Edition (Web), 2014, Pain--Antiemetics (for Opioid Nausea), Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): PAIN (CHRONIC); ANTIEMETICS

Decision rationale: As indicated in the clinical summary pertinent to the patient's complaint of nausea, there is no elaboration on the complaint of nausea in this patient. The cause of nausea is not stated although can be potentially related to the use of opiates in high doses to which the patient is "tolerant" per the clinical notes. The timing, frequency, severity and underlying other potential etiologies have not been explored. A gastrointestinal examination has not been rendered. No attempt has been made to reduce the dose of opiates, change the nature of opiates or add other agents that have analgesic activity to diminish dose of opiates. Prescription of an anti-emetic in this setting serves as a symptomatic treatment but can mask symptoms of pathologies that cause nausea as their manifestation. In the professional opinion and judgment of the reviewer, it is not prudent practice to merely abolish a symptom chronically without attempting to address the underlying cause of that symptom and alleviating the underlying cause itself. If that fails, and if intractable symptoms are present despite best efforts made to treat the underlying cause of a symptom, then prescription of chronic symptom suppressing therapy is appropriate. Even in that instance, trials should be conducted to attempt weaning from a chronic symptomatic treatment since the underlying cause can certainly abate. For instance, patients with nausea due to an underlying high dose of opiate therapy can become tolerant to the side effects of such therapy so that anti-emetics may not be required on a chronic basis. The citation (a Stanford 2009 study) referenced by the primary treating provider to justify chronic Ondansetron therapy argues that such therapy may be appropriate in cases of "intractable" nausea. However, there is no indication in the records reviewed that the treating provider made any attempt to "tract" the symptom and no evidence is offered to indicate the "intractable" nature of the patient's nausea. Therefore, this reference does not apply to the patient in question until it can be clearly documented and verified that the patient indeed has intractable nausea. Further, if the patient is tolerant to the effects of opiates, as indicated in several places in the record, would it not be appropriate to consider referral to an addiction specialist (if this is a concern) or consider agents with less CNS penetration, or partial antagonist activity, such as tramadol or methadone or buprenorphine? The provider's documentation provides no evidence that any such attempts have been made. Finally, the cited and applicable guidelines (which carry more weight than an individual reference that in any case is not applicable), offer views quite consistent with those of the reviewer. Therefore, without further appropriate evaluation, management and documentation consistent with prudent medical practice and applicable guidelines, the request is not medically necessary.