

<b>Case Number:</b>	CM14-0105402		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Pennsylvania. 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 22-year-old woman with a date of injury of 08/02/2012. A consultation report by [REDACTED] dated 01/15/2014 identified the mechanism of injury as having lost her grip and dropping a heavy box, resulting in left shoulder pain. This report and office visit notes by [REDACTED] dated 01/29/2014, 02/26/2014, and 05/21/2014 indicated the worker was experiencing neck and upper back pain with associated headaches and left shoulder and arm pain, numbness and tingling in part of the lower left arm and hand, lower back pain, occasional discomfort in the legs, and anxiety with significant depression. [REDACTED] report described examination findings that included tenderness involving the neck, base of the head, and lower spine and spasm in the neck muscles; [REDACTED] notes consistently described no abnormal findings with minimal evaluation. The submitted and reviewed documentation concluded the worker was suffering with depression, C4 and C5 spondylosis with left arm radiculopathy, lower back sprain/strain syndrome, gastritis, headache, and nausea. Treatment recommendations included continued medications, follow up care, psychiatric consultation, and pain management consultation for consideration of injected pain medications near the spine. A Utilization Review decision by [REDACTED] was rendered on 08/12/2014 recommending non-certification for Zofran (ondansetron) 8mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg #60:** 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), Ondansetron (Zofran)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information. Topic 9719, version 120.0. UpToDate, accessed 09/28/2014.

**Decision rationale:** Zofran (ondansetron) is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. The submitted and reviewed documentation mentioned the worker was experiencing nausea. However, there was no documented assessment of this symptom. The reviewed records concluded the worker was suffering from gastritis, among other issues. The FDA does not approve this medication for this issue. The submitted and reviewed documentation did not include a discussion supporting the use of ondansetron in this setting. Further, an office visit note by [REDACTED] dated 01/29/2014 indicated the medication citalopram was prescribed for the treatment for severe depression. These two medications can cause a serious complication called serotonin syndrome when they are combined. For these reasons, the current request for Zofran (ondansetron) 8mg #60 is not medically necessary.