

Case Number:	CM14-0105455		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2012
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	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 Anesthesiology, 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:

According to the records made available for review, this is a 63-year-old male with a 6/7/12 date of injury. At the time (6/27/14) of request for authorization for Ondansetron 4mg tablets, USP, there is documentation of subjective (nausea, vomiting, and stomach upset with medications; headaches, neck pain, and radicular symptoms down the upper extremities) and objective (positive Spurling test, tenderness over the paracervical musculature, spasm in the paracervical musculature, diminished sensation in the C6 nerve root distribution, decreased and painful cervical range of motion; shoulder tenderness at the greater tuberosity, decreased motor strength) findings, current diagnoses (cervical strain, rule out herniated disc cervical spine, radiculopathy left upper extremity, left shoulder rule out rotator cuff tear and tendinitis, low back pain improving, and lower extremities radiculopathy), and treatment to date (activity modification and medications (including cyclobenzaprine, diclofenac, omeprazole, and ondansetron)). 5/28/14 medical report identifies that ondansetron is prescribed to counter effect nausea from NSAIDs. There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg tablets, USP,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron. Within the medical information available for review, there is documentation of diagnoses of cervical strain, rule out herniated disc cervical spine, radiculopathy left upper extremity, left shoulder rule out rotator cuff tear and tendinitis, low back pain improving, and lower extremities radiculopathy. However, despite documentation of nausea and vomiting from medications, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron 4mg tablets, USP is not medically necessary.