

<b>Case Number:</b>	CM14-0010547		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 injured worker is a 50-year-old male patient with a 5/17/13 date of injury. He was injured when a metal rod struck the back of his head. A 12/19/13 progress report indicated that the patient had pain in his shoulder and neck that got worse as he was turning his head to the right. He had lost 10 pounds due to nausea and vomiting due to headaches. Physical exam demonstrated marked light sensitivity. There was no structural brain damage. The patient was prescribed Ondansetron on 11/6/13. He was diagnosed with closed head injury, with concussion that increased symptoms because of a prior traumatic brain injury, bilateral temporomandibular syndrome, neck pain and right shoulder pain. Treatment to date: medication management, activity modification. There is documentation of a previous 1/8/14 adverse determination. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOFRAN 4MG BID WITH MEALS #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, Pain Chapter, Ondansetron (Zofran)FDA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Ondansentron.

**Decision rationale:** CA MTUS and OGD do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, there was no documentation of improvement of his nausea and vomiting from the current use of Ondansetron. He is documented on a note from December of 2013 to "continue ondansetron". There is no discussion provided to any improvement of his symptoms with the continued use of this medication. In addition, this request is for 60 tablets of Ondansetron, or a twice daily, and Ondansetron is made to be taken only as needed for nausea and vomiting, not as a scheduled, twice daily medication. Therefore, the request for Zofran 4mg bid with meals #60 is not medically necessary.