

Case Number:	CM14-0012906		
Date Assigned:	02/24/2014	Date of Injury:	10/27/2011
Decision Date:	07/21/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/31/2014

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 patient is a 52-year-old female who has submitted a claim for chronic symptomatology of the cervical and lumbar spine, bilateral upper extremities and left knee secondary to overuse, status post cervical hybrid reconstruction surgery, lumbar discopathy associated with an industrial injury date of 10/27/2011. Medical records from 08/01/2013 to 01/07/2014 were reviewed and showed that patient complained of chronic pain in the cervical spine, lumbar spine, bilateral upper extremities and left knee. Physical examination revealed tenderness at the cervical paravertebral muscles, left cubital fossa with extension into the ulnar two digits, lumbar paravertebral muscles, and anterior joint line of the left knee. Upper trapezius muscle spasms were noted. Pain in the terminal ROM of lumbar flexion, extension, and lateral flexion was noted. Left elbow flexion test and seated nerve root test were positive. Anterior drawer and pivot shift tests of the left knee were negative. An x-ray of the cervical spine, bilateral hands and wrists done 8/30/2013 showed implants at the levels of C5 through C7 with bone consolidation; otherwise, normal results. Treatment to date has included cervical hybrid reconstruction surgery, Naproxen sodium 550mg #100, Cyclobenzaprine 7.5 mg #100, tramadol Hydrochloride ER 150mg #90, Sumatriptan Succinate 25mg #18, and Omeprazole 20mg #120. The utilization review, dated 01/10/2014, denied the request for prescription of Ondansetron ODT 8mg #30 because Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. However, Ondansetron is prescribed for nausea as a side effect to cyclobenzaprine. Prophylaxis of nausea secondary to medication is not an indication of Ondansetron per FDA. The patient has not had recent surgery or radio- or chemotherapy. The request is not medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 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, Antiemetics.

Decision rationale: The California MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. The ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, use of Ondansetron 8 mg was suggested as a prophylaxis from Cyclobenzaprine- induced nausea. However, the guidelines clearly indicate that this is only recommended for prevention of nausea related to chemotherapy, radiotherapy, and surgery. Therefore, the request for prescription of Ondansetron 8mg #30 is not medically necessary.