

<b>Case Number:</b>	CM14-0014407		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

This is a 39-year-old male with a 7/31/12 date of injury. The patient was working as a deputy sheriff and was injured in a motor vehicle accident. In a 1/27/14 progress note, the patient complained of persistent pain in the cervical spine that radiates to both upper extremities, right side greater than the left, with associated headaches. Physical examination of the cervical spine revealed exquisite amounts of pain and tenderness around the cervical musculature. Paravertebral muscle spasm was noted. Axial loading compression test and Spurling's maneuver were both positive. There appeared to be a component of double crush in the upper extremities as there was a positive palmar compression test subsequent to Phalen's maneuver. Diagnostic impression: Cervical discopathy/cervicalgia, Carpal tunnel/double crush syndrome. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 1/20/14 denied the request for Ondansetron. Ondansetron is approved by the FDA 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 for Ondansetron per FDA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 8 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

**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 (Ondansetron).

**Decision rationale:** CA MTUS and ODG 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. In a progress note dated 1/30/14, it is noted that Ondansetron is being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The guidelines do not support the use of Ondansetron in the setting of medication-induced nausea. A specific rationale identifying why Ondansetron would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Ondansetron 8 mg #60 is not medically necessary.