

Case Number:	CM14-0015331		
Date Assigned:	02/28/2014	Date of Injury:	02/08/1997
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53 year old female who reported an injury on 02/08/1997. Mechanism of injury is not documented in the files submitted for review. The injured worker complained of neck, bilateral shoulders, low back and bilateral leg pain with a rating of 7-8/10 with medication. Upon physical exam the injured worker displayed full range of motion to bilateral lower extremities; however, straight leg raise was positive at 45 degrees on the right. In addition Faber test was positive bilaterally. The injured worker completes urine drug screens every six months. The injured worker is taking medications for pain and difficulty sleeping. Her list of medications include Lidoderm, Suboxone, Neurontin, Wellbutrin, Celebrex, Zofran and Ambien. The current treatment plan is to continue with the current medications as ordered and undergo a right L5-S1 caudal catheter guided epidural steroid injection and left C5-6 and C6-7 transforaminal epidural steroid injection. The request for authorization form and rationale was not submitted with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) TABLETS OF ONDANSETRON 8MG: 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) Pain chapter, Antiemetics (for opioid nausea)

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: The request for thirty (30) tablets of ondansetron 8mg is not medically necessary. The injured worker has a history of pain to the neck, bilateral shoulders, lower back and bilateral lower extremities. The Official Disability Guidelines (ODG) for antiemetics (for opioid nausea) states that it is not recommended for nausea and vomiting secondary to opioid use. Nausea and vomiting is common with the use of opioids however the side effects tend to diminish over days to weeks of continued use. The Official Disability Guidelines do state that it is recommended for acute use per FDA-approved indications. As such ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment and postoperative use. The submitted documentation supports the long term use of opioids and does not support that the injured worker has undergone chemotherapy and radiation treatments. Due to the noted above the request is not medically necessary.