

Case Number:	CM14-0019719		
Date Assigned:	04/28/2014	Date of Injury:	05/11/2006
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 and is licensed to practice in Massachusetts, New Jersey, Connecticut and Massachusetts. 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 49-year-old female who sustained an injury on 05/11/06 and injured her low back. The injured worker is noted to have been followed for post-laminectomy syndrome. Recent surgical procedures included a left T10-11 thoracotomy. The injured worker is noted to have been utilizing multiple medications for ongoing chronic pain to include Trazadone, Norco, Duragesic, Baclofen, Celebrex, Neurontin, Xanax, and Ondansetron. The most recent clinical report from 04/22/14 noted continuing pain 4/10 on the VAS in the lumbar spine with radiating pain into the left hip and left lower extremity. The injured worker was working at this visit. Tenderness to palpation in the lumbar spine was noted on physical examination with limited lumbar range of motion. Weakness was noted in the lower extremities, left side worse than right. Reflexes were reduced as compared to the right side in the lower extremities. There was continued decreased sensation in a left L5 through S1 dermatomal distribution. Medications were continued at this visit. The requested Ondansetron 4mg, quantity 30 prescribed on 12/15/13 was denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR ONDANSETRON 4 MG #30 FOR DATE OF SERVICE 12/15/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Proton Pump Inhibitors (PPI's).

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, Anti-Emetics.

Decision rationale: In regards to the retrospective use of Ondansetron 4mg, quantity 30 on 12/15/13, the clinical documentation submitted for review would not support the use of this medication. Per the current evidence based guidelines, Ondansetron is only indicated in the treatment of nausea and vomiting symptoms secondary to chemotherapy or radiation treatment. This was not documented in the clinical records for this patient. Another indication for the use of Ondansetron is for postoperative nausea. In this case, Ondansetron was being utilized on an off-label basis to address nausea and vomiting symptoms secondary to narcotics use. Given the off-label use of Ondansetron that is not supported by current evidence based guidelines, the request is not medically necessary and appropriate.