

<b>Case Number:</b>	CM14-0113809		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 07/18/2012 who reportedly was working as a homecare provider when she suffered injuries to her back and neck. The injured worker's treatment history included psychotherapy sessions, medications, urine drug screen, MRI studies, and epidural steroid injections. The injured worker was evaluated on 09/15/2014 and it was documented the injured worker complained of lower back pain. Objective findings of her cervical spine revealed there was spasms and tenderness to palpation. Lumbar spine flexion was 10 degrees and lumbar spine extension was 10 degrees with pain. Diagnoses included cervical sprain/strain, lumbar sprain/strain. Medications included Neurontin, Naprosyn, Norco, tramadol, Ambien, Flexeril, Percocet, Prilosec, Valium, Ondansetron, and Zanaflex. The Request for Authorization dated 09/23/2014 was for Ondansetron 4 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4 mg:** 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 (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetic's (for opioid nausea).

**Decision rationale:** The request for Ondansetron 4 mg is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Ondansetron In addition, the documentation provided does not indicate the injured worker having a diagnoses of cancer or acute/postoperative therapy. Additionally, the request lacked frequency and duration of medication. Given the above, the request for Ondansetron 4 mg is not medically necessary.