

<b>Case Number:</b>	CM14-0119548		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Texas and Oklahoma. 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 reported injury 07/20/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 07/17/2014 indicated diagnoses of bilateral carpal tunnel syndrome, bilateral shoulder arthralgia, neck pain, and facetogenic back pain at L4-5. The injured worker reported neck and back pain rated 8/10. The injured worker reported her low back pain was intermittent with bilateral leg complaints described as burning and cramping. The injured worker reported her right leg was worse than her left leg. The injured worker reported the pain was primarily in her back with numbness and tingling in her bilateral lower extremities that was equal on both legs all the way to her feet. The injured worker reported having more neck pain that radiated to her hands and was equal on both sides. The injured worker reported a lack of sleep and reported she slept between 4 to 6 hours a night and it caused problems with concentration. The injured worker reported her back pain had increased and she experienced leg cramps. The injured worker reported she took Norco and she reported nausea from her medication. On physical examination, there was tenderness to palpation over the lower lumbar spine. The injured worker had a positive facet test bilaterally. The injured worker had pain that was most severe with facet loading on the right. The injured worker had a positive straight leg raise bilaterally with a positive slump test bilaterally. The injured worker had limitation of her motor exam of upper and lower extremity secondary to pain. The injured worker's cervical range of motion was decreased and the injured worker's lumbar range of motion was decreased. The injured worker's treatment plan included a medial branch block, MRI, pain management consultation, and followup in 6 weeks. The provider submitted a request for Ondansetron. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco and Vicodin.

The provider submitted a request for Ondansetron. The request for authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ondansetron 4mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

**Decision rationale:** The request for Ondansetron 4mg #10 is not medically necessary. The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposures. In addition, the provider did not indicate a frequency for this medication; therefore, the request is not medically necessary.