

Case Number:	CM14-0122464		
Date Assigned:	08/06/2014	Date of Injury:	01/01/1996
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal 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:

The patient is a 63 year old female who was injured on 01/01/1995. The mechanism of injury is unknown. Prior medication history included colyte with flavor packs, Cymbalta, Deplin, Docusate Sodium 250 mg, Fenofibrate Nanocrystallized, Miralax 17gm, Omeprazole, Synthroid, Temazepam, Wellbutrin, and Zofran. The patient underwent a colonoscopy on 06/17/2014; upper GI endoscopy on 12/31/2013 revealing minimal hiatal hernia, gastroparesis, mild Hp negative gastritis. Office visit dated 01/14/2014 states the patient presented for follow up of abdominal pain. She reported diarrhea and having to wear a pad because of seepage. All of her medications were stopped to see if symptoms would resolve, but symptoms are unchanged. She has lost 13 lbs in 2 months. The patient was instructed to avoid dairy products and continue with Omeprazole and Zofran; all laxatives were discontinued. There were no notes available in records provided documenting patient's complaint of nausea or vomiting. Progress note dated 10/29/2013 was not available for review. Prior utilization review dated 10/29/2013 states the request for Retro Ondansetron 4mg #30 DOS: 10/1/13 is denied this medication is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ondansetron 4mg #30 DOS: 10/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran Official FDA information, side effects

and uses. www.drugs.com/pro/zofran.htmlZofran (Ondansetron Hydrochloride) Drug Information; www.rxlist.com/zofran-drug/warnings-precautions.htm.

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.

Decision rationale: CA MTUS guideline is silent regarding this request. The ODG recommends antiemetics as indicated by the FDA approval. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation; postoperative use and acute use is FDA approved for gastroenteritis. It is unknown based on the records provided the reasoning for the medication or the duration for which she had been taking the medication. The lack of documentation verifying use for vomiting or nausea secondary to chemotherapy or radiation; postoperative use or for short term use, the request is not medically necessary.