

<b>Case Number:</b>	CM14-0123108		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 New York. 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 claimant is a 52 year old female who sustained an industrial injury on 02/08/2012. The mechanism of injury was a repetitive injury lifting large, full pots for cooking. Her diagnosis is neck pain related to cervical disc disease. She complains of a constant pain in the cervical spine, with associated headaches that are migraine in nature. Physical exam reveals palpable cervical muscle spasm, positive axial loading compression test, positive Spurling's test and decreased range of cervical motion. Motor and sensory exams are normal. Treatment has included medications including Tramadol 150mg. The provider has requested Ondansetron 8mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #30, Body part: L/S, Left Shoulder, Bilateral Wrist:** 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 Chapter.

**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 Ondansetron ( Zofran).

**Decision rationale:** There is no indication for Ondansetron therapy. This medication is used alone or with other medications to prevent nausea and vomiting caused by chemotherapy and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. It works by blocking serotonin that causes vomiting. The claimant has pain in the cervical spine with associated headaches that are migraines in nature. Per ODG, the medication is not indicated for the chronic nausea and vomiting secondary to chronic opioid use. There is no specific indication for the requested medication. Therefore, the requested medication is not medically necessary.