

Case Number:	CM14-0123494		
Date Assigned:	08/08/2014	Date of Injury:	04/11/2008
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 04/11/2008. The specific mechanism of injury was not provided. The injured worker underwent a cervical fusion. The injured worker was noted to have prior treatments including acupuncture and physical therapy. The documentation indicated the injured worker as utilizing Ondansetron, Zofran, as of 12/2013. The documentation of 07/14/2014 revealed the injured worker had complaints of neck pain, left upper extremity pain, left shoulder pain, left hip pain, and left knee pain. The documentation indicated the medication's side effects included nausea. The injured worker's current medications were noted to be Ondansetron 8 mg tablets rapid dissolve 1 every day for nausea, Pantoprazole 20 mg 1 daily, Lexapro 10 mg tablets, Lunesta 2 mg tablets, Lyrica 75 mg tablets one 3 times a day, and Mirapex 0.25 mg tablets 1 at bedtime. The physical examination revealed the injured worker as appeared to be depressed. The range of motion of the cervical spine was restricted. There was tenderness in the cervical spine, paracervical muscles, and trapezius. The evaluation of the left knee revealed tenderness to palpation over the quadriceps tendon. The diagnoses included myalgia and myositis not otherwise specified and pain in joint of shoulder. The treatment plan included a refill of Ondansetron 8 mg tablets rapid dissolve. There was a DWC form Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #10 x 2 refills: 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 Procedure Summary, Ondansetron (Zofran).

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.

Decision rationale: The Official Disability Guidelines indicate that Ondansetron is not recommended for the treatment of nausea due to medication use. It is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was a lack of documentation of objective functional benefit that was received and efficacy for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Ondansetron is FDA-approved for gastroenteritis. There was a lack of documentation indicating the injured worker had gastroenteritis. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zofran 8 mg #10 x2 refills is not medically necessary.