

Case Number:	CM14-0124017		
Date Assigned:	08/08/2014	Date of Injury:	06/06/2012
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

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 patient is a 64-year-old male who has submitted a claim for lumbago and cervicgia associated with an industrial injury date of 6/6/2012. Medical records from 7/12/12 up to 6/11/14 were reviewed showing complaints of neck pain rated at 8/10 in severity with radiations to arms. He also had headaches and low back pain rated at 7/10 in severity with radiations to the legs. Cervical exam noted tenderness, spasm, limited ROM, and positive Spurling's test. Lumbar exam noted tenderness, spasm, limited ROM, decreased sensation in the L5 and S1 dermatomes, and decreased strength in L5 and S1 myotomes. Treatment to date has included Ondansetron 8mg, cyclobenzaprine, Naproxen, omeprazole, tramadol, triamcinolone, and Tribenzor. Utilization review from 8/1/14 denied the request for Ondansetron 80mg #30. There was no documentation of chemotherapy or radiation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 80mg #30: 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, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. As per ODG, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the patient has been taking ondansetron 8mg since at least 8/14/12. He was prescribed with the medication for his nausea secondary to headaches and side effect of cyclobenzaprine and other analgesics. Although it was documented that the patient has skin cancer, there were no reports of chemotherapy or radiation causing nausea. Furthermore, the patient's dosage has always been 8mg, not 80mg that was requested here. Therefore, the request for ONDANSETRON 80MG #30 is not medically necessary.