

<b>Case Number:</b>	CM14-0125927		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/01/1996
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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:

This is a 66 year old female with a 1/1/96 date of injury. The mechanism of injury was not noted. According to a 4/30/14 progress report, the patient suffered from depression, pain, insomnia, and frustration. Objective findings: depression, but with functional improvement in activities of daily living pursuant to possible future of work, suicidal thoughts and attempt make work difficult to formulate. Diagnostic impression: major depressive disorder with psychotic features, panic disorder without agoraphobia. Treatment to date includes medication management and activity modification. A UR decision dated 7/10/14 denied the request for retrospective Ondansetron 4 mg #30 (DOS 10/1/13). There is an absence for full clinical data in regards to specific clinical pathology which would meet a need for use of the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Medication (DOS 10/01/2013) Ondansetron 4mg x30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

**Decision rationale:** The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. There were no reports provided for review prior to 10/1/13, the date of service for this retrospective request. It is not possible to determine the rationale for the use of this medication for this patient. Therefore, the request is not medically necessary and appropriate.