

<b>Case Number:</b>	CM14-0134991		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Occupational 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 injured worker is a 67 year old female with a date of injury on 8/1/1998. She is diagnosed with (a) chronic open wound and (b) recurrent deep venous thrombosis of the lower extremity. She was seen July 15, 2014 due to bleeding wound. She was on antibiotics, which she reported made her nauseous. An examination revealed vacuum dressing in place and clear warp in surrounding skin. There was minimal swelling present. Bilateral lower extremity edema was present as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS Ondansetron Tab 4mg; Day Supply: 15; Qty: 30 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-Treatment of Workers' Compensation: Pain Ondansetron

**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 (for opioid nausea)

**Decision rationale:** The request for ondansetron is not considered medically necessary at this time. Based on the reviewed medical records, this medication was prescribed for nausea as a

side effect to antibiotic agents. However, the use of this medication is Food and Drug Administration (FDA)-approved only for nausea and vomiting secondary to chemotherapy, radiation treatment, and for postoperative use.

██████ **Liquid Vanilla; Day Supply: 30; Qty: 21330 Refills: 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Pain

**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, Medical food

**Decision rationale:** The request for ██████ is not medically necessary at this time. There was no mention in the reviewed medical records why ██████ is being prescribed. Medical necessity of the request was not established.