

Case Number:	CM14-0135422		
Date Assigned:	08/29/2014	Date of Injury:	04/09/2007
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 4/09/07. Based on a 7/24/14 progress report (indicates date of injury of April-01-2007) by [REDACTED] this patient complains of "problems with her stomach again, but she is taking Ibuprofen. Transdermal medications are helping a lot. She gets relief from constipation with the Laxacin." Exam of this patient shows abdomen to be "soft, non-tender, with no organomegaly or masses. Bowel sounds normal." Progress notes states "will continue current meds. Discussed NSAIDs. She will refill the transdermals. No change in her impairments or disability." Work status for this patient: remain off-work. Diagnoses for this patient are:1. Cardiac Dysrhythmia Nos2. Hypertension, Unspecified3. Irritable Bowel Syndrome4. Acute GastritisThe utilization review being challenged is dated 8/12/14. The request is for retrospective review for Ondansetron (Zofran) 4mg #90 DOS (7/24/14). The requesting provider is [REDACTED] and he has provided two progress reports from 12/03/13 and 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Ondansetron (Zofran) 4mg #90 (DOS 7/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with problems with her stomach, again. The treater requests a retrospective review for Ondansetron (Zofran) 4mg #90 DOS (7/24/14). While CA MTUS is silent, the Official Disability Guidelines (ODG) - Pain Chapter, states that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute use is FDA-approved for gastroenteritis. There is no documentation of nausea or vomiting secondary to chemotherapy or radiation treatment, or of any recent operations that would warrant use of Ondansetron. Furthermore, the lack of specific documentation of nausea or vomiting or the frequency of symptoms beyond "stomach problems" does not indicate acute use of Ondansetron as a medical necessity.