

Case Number:	CM14-0138289		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2002
Decision Date:	10/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 39-year-old with a reported date of injury of 11/18/2002. The patient has the diagnoses of cervicobrachial syndrome, sciatica, lumbago, lumbar disc displacement without myelopathy, psychogenic pain and major depression/panic attacks. Per the progress reports from the primary treating and the requesting physician dated 07/14/2014, the patient had complaints of low back pain with radiation to both lower extremities, numbness and tingling in both legs, neck pain radiating into both arms and numbness and tingling in both arms. The physical exam noted normal muscle tone without atrophy in the extremities. Treatment recommendations included continuation of medications, request for new knee braces, request for bilateral elbow sleeves, request for GI consultation and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg qd pm severe N/V #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 12th edition, Pain (updated 7/10/14); Ondansetron (Zofran);antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) antiemetics webmd.com, rxlist.com and FDA product insert

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Per the FDA product insert the medication has the FDA indications to prevent nausea and vomiting caused by chemotherapy agents and radiation therapy. It is also used to prevent nausea and vomiting post-surgery. Per the primary requesting physician's appeal letter, the medication is used to treat the patient's long history of nausea with her oral medications (AEDs and NSAIDs) and headaches. There is no provided documentation that the patient has failed first-line antiemetic therapy such as promethazine or compazine. The patient does not have any of the diagnoses of the FDA indications listed above for the medication. For these reasons the request is not medically necessary.