

<b>Case Number:</b>	CM14-0138479		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38 year old male who was injured on 08/21/12 after completing his exercise program, working out with free weights, machine weights and using elliptical machine, when he began experiencing pain between the shoulder blades, right anterior chest, neck and subsequently developed weakness in the right upper extremity. In 02/08/2013 clinical documentation indicated the injured worker underwent C4 to C7 cervical hybrid reconstruction, with C4-C5 artificial disc replacement, and C5-C7 disc fusion, and right active C7 denervation. Current diagnosis include lumbago, carpal tunnel syndrome and cervicgia. MRI of the right wrist on 08/01/14 revealed probable degenerative-type changes and small perforation of the triangular fibrocartilage, and mild tendinosis of the extensor carpi ulnaris; and ganglion cyst in the volar radial aspect of the wrist near the extrinsic ligaments. MRI of the left wrist revealed mild degenerative-type changes in the triangular fibrocartilage, and small wrist effusion. Clinical note dated 07/09/14 indicated the injured worker has intermittent pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain was described as dull, radiating in to the upper extremities, associated with headaches that are migrainous in nature, as well as tension between the shoulder blades. The injured worker indicated the pain is improving and pain level is rated as 3/10. The injured worker also reported intermittent low back pain aggravated by bending, lifting, twisting, pushing, pulling prolonged sitting and standing, and walking multiple blocks. The pain was described as sharp, radiating in to the lower extremities, and rated as 5/10. The injured worker also complained of frequent pain in the bilateral wrist/hand aggravated by repetitive motions, gripping, pushing, pulling, and lifting. Pain was described as throbbing and rated as 7/10. Physical examination of the cervical spine revealed paravertebral muscle tenderness with spasm and range of motion was limited due to pain. Lumbar spine examination revealed

paravertebral muscle tenderness with spasm. On range of motion examination, standing flexion and extension were guarded and restricted. Examination of the wrist/hand revealed tenderness over the dorsal ulnar aspect of the wrist. Range of motion was full but painful. Management plan include physical therapy, home exercise programs and pain medication. Clinical documentation indicated Ondansetron 8mg was requested for nausea associated with headaches that are present with cervical spine pain. The previous request for Ondansetron 8mg tab #30 was non-certified on 08/05/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Ondansetron 8mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain chronic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version> <Pain (Chronic)> <Antiemetics (for opioid use)>

**Decision rationale:** As per Official Disability Guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as for post-operative use. Acute use is also FDA-approved for gastroenteritis. Clinical documentation indicated that Ondansetron was requested for nausea associated with headache. There is no indication in the clinical documentation that the patient is complaining of nausea and vomiting to require the use of medication for anti-emesis. As the patient does not meet these established medical guidelines, the request for Ondansetron tab 8mg # 30 cannot be recommended as medically necessary.