

<b>Case Number:</b>	CM14-0153319		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/18/1999
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 & Rehabilitation 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 44-year-old female with an 11/18/99 date of injury; the mechanism of the injury was not described. The reviewer's note indicated that the patient was seen on 9/23/13 with complaints of 5/5 pain in the groin region. The patient's treatment plan included Morphine, Ketorolac, and Promethazine. The patient was seen on 7/8/14 with complains of chronic pelvic pain. The physical examination of the lumbar spine revealed limited range of motion with pain. The diagnosis is lumbago, lumbar disc degeneration. Treatment to date: work restrictions and medications. An adverse determination was received on 9/3/14. The request for Ondansetron DOS 9/23/13 was denied given that the documentation did not indicate that the patient complained of nausea or vomiting. The request for Lorazepam DOS 9/23/13 was denied given that Lorazepam was an "N" drug on the ODG formulary and there was no documentation of failed trials of "Y" drugs in this class and documentation indication that this medication was more beneficial to the patient than a "Y" drug on the ODG formulary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron DOS 9/23/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

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

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. There is a lack of documentation indicating that the patient was receiving chemotherapy or radiation and that the patient was scheduled for the surgery. In addition, the progress notes did not indicate that the patient was suffering from nausea or vomiting. Lastly, there is no rationale with regards to the need for Ondansetron for the patient. Therefore, the request for Ondansetron DOS 9/23/13 is not medically necessary.

**Lorazepam DOS 9/23/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The physical examination did not reveal any anxiety, depression or sleep disturbances, which would suggest the need for Lorazepam. In addition, there is no rationale with regards to the need for benzodiazepine treatment for the patient. Therefore, the request for Lorazepam DOS 9/23/13 is not medically necessary.