

Case Number:	CM14-0154304		
Date Assigned:	09/23/2014	Date of Injury:	07/10/2012
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 30-year-old female who reported an injury on 07/10/2012. The mechanism of injury was not stated. The current diagnoses include carpal tunnel syndrome and cervicalgia. The injured worker was evaluated on 08/13/2014 with complaints of frequent pain in the cervical spine with activity limitation. The injured worker also reported constant pain in the left wrist/hand. Previous conservative treatment is noted to include bracing and medication management. Physical examination revealed paravertebral muscle tenderness in the cervical spine, positive axial loading compression testing, positive Spurling's maneuver, limited range of motion, tenderness over the 1st dorsal compartment of the wrist, positive Finkelstein's testing, painful range of motion, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization Form was then submitted on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, #30: 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), 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) Chronic Pain Chapter, Ondansetron- Antiemetics.

Decision rationale: The Official Disability Guidelines state ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.