

Case Number:	CM14-0155249		
Date Assigned:	09/25/2014	Date of Injury:	05/09/2007
Decision Date:	10/27/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopaedic Surgery 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 53-year-old female sustained an industrial injury on 5/9/07. The mechanism of injury was not documented. Past medical history was positive for hypertension, hypercholesterolemia, anxiety, ulcers, and diabetes. The 4/29/14 cervical MRI impression documented a disc osteophyte complex at C6/7 abutting the exiting cervical nerve roots bilaterally with narrowing of the neural foramina. At C5/6 and C6/7, there was a 2 mm disc protrusion with a mild degree of central canal narrowing. The 4/29/14 lumbar MRI impression documented a disc protrusion at L5/S1 abutting the descending left S1 nerve root and the exiting left L5 nerve root. At L4/5, there was a disc protrusion abutting the descending L5 nerve root and exiting left L4 nerve root. The 8/4/14 treating physician report cited grade 8/10 right shoulder pain worse with overhead activities and improved with rest. Pain increased with movement, lifting, bending or stooping. Medications provided increased functional ability and pain relief. Omeprazole relieved her gastritis. Cervical exam documented paracervical muscle tenderness, decreased right forearm sensation, full range of motion with pain, and normal deep tendon reflexes. Lumbar spine exam documented positive paraspinal tenderness and spasms, normal lower extremity strength and reflexes, and full range of motion with pain at end-range flexion/extension. Right shoulder exam documented tenderness over the greater tuberosity and acromioclavicular (AC) joint. AC joint compression and crossover tests were positive. There was 4/5 resisted abduction and external rotation weakness. There was marked loss of right shoulder range of motion in flexion and abduction to 30 degrees. Left shoulder exam documented positive Neer's and Hawkin's tests with greater tuberosity tenderness and full range of motion. The treatment plan recommended the non-steroidal anti-inflammatory drug (NSAID) Diclofenac. Omeprazole 20 mg was prescribed to reduce NSAID gastritis prophylactically. Ondansetron 4 mg was prescribed to counter the nausea effect from NSAIDs prophylactically. Additional medications included Tramadol ER and

Wellbutrin. Right shoulder arthroscopy with subacromial decompression and AC joint resection was pending. Records indicated that the patient had been prescribed Ondansetron since at least 12/4/13 for prophylaxis relative to nausea from NSAID use. The 8/16/14 utilization review denied the request for Ondansetron as the patient did not meet guideline indications for use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron hydrochloride 4 mg #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, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea)

Decision rationale: The California MTUS do not provide recommendations for this medication. In general, the MTUS guidelines recommended the use of a low-dose Cox-2 selective inhibitor plus low-dose aspirin plus a proton pump inhibitor for patients at high-risk for gastrointestinal events with no cardiovascular disease. The Official Disability Guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. Guideline criteria have not been met. This patient has a history of ulcers and is currently using a proton pump inhibitor (Omeprazole) with a non-steroidal anti-inflammatory drug given her positive risk factors for gastrointestinal events. Benefit to Omeprazole is documented. Ondansetron has been dispensed since at least 12/4/13 with no complaints of nausea or benefit to this medication documented. The specific indications for this medication, including chemotherapy, radiation therapy, post-operative use, or acute gastroenteritis, are not documented. Therefore, this request Ondansetron hydrochloride 4 mg #30 is not medically necessary and appropriate.