

Case Number:	CM14-0157299		
Date Assigned:	09/30/2014	Date of Injury:	02/08/2010
Decision Date:	11/06/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiologist 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 55-year-old male who reported an injury on 02/08/2010. The mechanism of injury was not stated. The current diagnoses include failed back syndrome, status post lumbar spine decompression and fusion, radiculitis in the lower extremities, thoracic strain, facet syndrome in the thoracic spine, cervical degenerative joint disease, cervical disc herniations, right intercostal neuralgia affecting T10 and T11 and depression/anxiety. Previous conservative treatment is noted to include medications, activity modification, physical therapy, and medial branch blocks. The injured worker is also status post lumbar fusion in 07/2013. The injured worker was evaluated on 08/19/2014 with complaints of severe, constant pain in the lower back with radicular symptoms. The current medication regimen includes Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER, and Wellbutrin. Physical examination on that date revealed positive tenderness over the paracervical musculature, positive muscle spasm in the paracervical musculature, painful cervical range of motion, an antalgic gait, a well healed scar in the lumbar spine area, limited lumbar range of motion, positive tenderness in the paralumbar musculature, positive tenderness in the parathoracic musculature, positive straight leg raise, and diminished sensation in the L3-4 nerve root distributions. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 7.5 #90 tab: 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 Chapter; Antiemetics

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, Antiemetic

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. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.