

Case Number:	CM14-0167740		
Date Assigned:	10/15/2014	Date of Injury:	11/01/2006
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old male with a date of injury on 11/1/2006. Subjective complaints are of low back pain with tingling into the left leg. Patient also has complaints of increased gastrointestinal problems in the last two months consisting of nausea, diarrhea, and belching. Physical exam shows mild distress due to gastrointestinal discomfort, antalgic gait, and lumbar paraspinal tenderness. Medications include gabapentin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ondansetron ODT 8mg. #10 with 1 refill.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, ANTIEMETICS Other Medical Treatment Guideline or Medical Evidence: FDA: ODANSETRON www.drugs.com

Decision rationale: The medical records indicate that the patient was having nausea and diarrhea for several months. Ondansetron has FDA approval for short term use for nausea after

anesthesia or chemotherapy, and for acute symptoms of gastroenteritis. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. For this patient there is no evidence of surgery or chemotherapy, or acute gastroenteritis. Furthermore, records indicate that symptoms may be due to medications. Therefore, the requested prescription for Ondansetron is not medically necessary.