

Case Number:	CM14-0169405		
Date Assigned:	10/17/2014	Date of Injury:	03/30/2012
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 California and is licensed to practice in Family Practice. 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:

Claimant is a 52 year old female who sustained a work injury on 10/30/12 involving the neck and low back. She was diagnosed with lumbar disc herniations and moderate foraminal narrowing. She had cervical and lumbar radiculopathy. She had been on opioids and topical pain patches for symptom relief. A progress note on 8/25/14. A progress note on 8/25/14 indicated the claimant had continued back pain. She used Tylenol for pain. Due to abdominal pain and nausea she had discontinued NSAID use and was placed on Prilosec and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Antiemetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) anti-emetics

Decision rationale: According to the Official Disability Guidelines (ODG) guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and

vomiting secondary to chemotherapy and radiation treatment. The claimant does not have these conditions. The Ondansetron is not medically necessary.