

<b>Case Number:</b>	CM14-0177803		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, foot, ankle and shoulder pain reportedly associated with an industrial injury of April 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In an October 1, 2014, Utilization Review Report, the claims administrator retrospectively approved gabapentin, retrospectively denied ondansetron, and retrospectively approved omeprazole. The claims administrator stated that some portions of the applicant's claim had been administratively contested/disputed. The claims administrator stated that the date of service was October 10, 2011. In a progress note dated October 10, 2011, the applicant reported ongoing complaints of neck, bilateral shoulder, low back, and bilateral knee pain, exacerbated by bending, lifting, twisting, pushing, and pulling. The applicant had recently undergone left shoulder surgery on September 16, 2011. A copy of the operative report was enclosed. The applicant had undergone an arthroscopic subacromial decompression procedure, coracoacromial ligament resection, debridement procedure, and distal claviclectomy, it was noted. The applicant was placed off of work, on total temporary disability. Naprosyn, Prilosec, Zofran, Norflex, Ultracet, Neurontin, and Medrox were endorsed. It was stated that Zofran (Ondansetron) was being given for nausea at the bottom of the report; however, there was no mention of the applicant's personally experiencing nausea anywhere in the subjective section of the report. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT tablets 8mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Ondansetron (Zofran)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for a non-FDA labeled purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's personally experiencing any symptoms of nausea or vomiting, nor is there evidence that the applicant had undergone any recent cancer chemotherapy, radiation therapy, and/or surgery. While the applicant had undergone shoulder surgery, said shoulder surgery transpired approximately three to four weeks before the date of the request. It was neither reasonable nor plausible to expect the applicant to be experiencing symptoms of nausea associated with surgery and/or anesthesia some three to four weeks removed from the date of the surgery. Therefore, the request for Ondansetron is not medically necessary.