

Case Number:	CM14-0179474		
Date Assigned:	10/31/2014	Date of Injury:	10/10/2011
Decision Date:	12/08/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 is a 54-year-old female with a 10/10/11 date of injury; when she fell off a truck and sustained injuries to the neck, lower back and right shoulder. The patient underwent right shoulder rotator cuff surgery and cervical fusion in 2013. The patient was seen on 10/7/14 with complaints of no significant improvement in the right shoulder and neck pain. The pain was rated 7-8/10 and was described as burning and constant. Exam findings revealed diminished sensation in the C6-C7 nerve root distribution, tenderness to palpation and spasm over the lumbar paraspinal muscles and positive crepitus in the right shoulder. The progress note indicated that the patient was utilizing Ondansetron to counter effect nausea from the NSAIDs use. The diagnosis is status post right shoulder rotator cuff repair, status post cervical spine fusion, left shoulder tendinitis, cervical radiculopathy and thoracic/lumbar sprain/strain. Treatment to date: right shoulder rotator cuff repair, cervical fusion, ESIs, bilateral facet medial branch blocks, work restrictions and medications. An adverse determination was received on 10/27/14 given that the patient was utilizing Omeprazole and there were no exceptional factors to warrant the concurrent authorization for Ondansetron in addition to the Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ondasetron Hydrochloride tablets 4mg QTY: 60.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However the progress report stated that the patient was utilizing Ondansetron to prevent nausea from the NSAIDs use. In addition, there is a lack of documentation indicating that the patient was undergoing chemotherapy or radiotherapy treatment. Therefore, the request for Ondansetron Hydrochloride Tablets 4mg QTY: 60.00 are not medically necessary.