

Case Number:	CM14-0184501		
Date Assigned:	11/12/2014	Date of Injury:	04/13/1999
Decision Date:	12/30/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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:

Patient is a 65 year-old male with date of injury 04/13/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/09/2014, lists subjective complaints as pain in the low back with radicular symptoms down the bilateral lower extremities. Objective findings: musculoskeletal evaluation revealed muscle aches and weakness, arthralgia/joint pain and back pain. No swelling in the extremities was noted. No other physical examination findings were documented by provider. Diagnoses are: 1. chronic pain syndrome, 2. injury of cauda equine, 3. psychophysiological disorder, and 4. lumbar post-laminectomy syndrome. The medical records supplied for review document that the patient was first prescribed the following medication on 10/09/2014. Medications are: 1. Ondansetron 4mg, #10 SIG: one tablet daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #10 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain; Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for Ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron 4mg #10 with 3 refills is not medically necessary.