

Case Number:	CM14-0022405		
Date Assigned:	05/09/2014	Date of Injury:	04/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 61-year-old female who reported an injury on April 11, 2008. The mechanism of injury was not provided in the documentation. Per the clinical note dated April 10, 2014, the injured worker reported pain at 6/10 to the neck and left shoulder. The injured worker characterized the pain as aching, dull, and sharp with radiation to the right shoulder, upper back, and middle back. On physical examination of the cervical spine, range of motion was restricted with flexion at 30 degrees, extension at 30 degrees, right and left rotation at 45 degrees. Tenderness was noted to the cervical spine, paracervical muscles, and trapezius. On examination of the left knee, there was tenderness to palpation noted over the quadriceps tendon. An MRI dated April 16, 2014 reported spinal stenosis noted at C5-6 and C6-7 and mild to moderate degenerative discogenic disease. Per the clinical note dated May 7, 2014, the injured worker reported restless leg syndrome and is taking Mirapex at night for that. The diagnoses for the injured worker were reported as pain in joint of shoulder, myalgia and myositis not otherwise specified, arthropathy of the shoulder not otherwise specified, and brachial neuritis or radiculitis not otherwise specified. The request for authorization for medical treatment was not provided in the documentation. In addition, the provider's rationale for the request for the retrospective Ondansetron, and the current Ondansetron was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DATE OF SERVICE: 12/18/13) USAGE OF ONDANSETRON:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for opioid nausea, Ondansetron.

Decision rationale: According to the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. This medication is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and acute use is FDA approved for gastroenteritis. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA approved indications. Nausea and vomiting is common with use of opioids and these side effects tend to diminish over days to weeks of continued exposure. Studies of opiate adverse effects including nausea and vomiting are limited to short-term duration, usually less than 4 weeks, and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. Per the documentation, the injured worker had no diagnosis of gastroenteritis, chemotherapy, or radiation treatment. There was a lack of documentation regarding any nausea or vomiting being experienced by the injured worker as a result of the medication she was taking. There was documentation stating the injured worker was taking the medications as prescribed and they were effective. The retrospective request for Ondansetron, provided on december 18, 2013, is not medically necessary or appropriate.

PROSPECTIVE USAGE OF ONDANSETRON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for opioid nausea, Ondansetron.

Decision rationale: According to the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use secondary to chemotherapy and radiation as well as gastroenteritis. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continuous exposure and studies of opioid adverse state the effects are limited to short-term duration (less than 4 weeks) and have limited application for long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. There was a lack of documentation regarding the injured worker's use of this medication and the efficacy of the medication. There was also a lack of documentation regarding the necessity for this medication. There was a lack of documentation reporting nausea or vomiting reported by the

injured worker, per the injured worker she was taking her pain medication as prescribed and it was effective. In addition, the guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. The prospective request for Ondansetron is not medically necessary or appropriate.