

<b>Case Number:</b>	CM14-0031760		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Geriatrics and is licensed to practice in New York. 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 38 year old with a date of injury of 4/20/11. He was seen by his physician on 1/29/14 for evaluation of 10/10 low back pain. He continued to find that naproxen was the only medication he could tolerate and he had some nausea and vomiting since cymbalta was stopped abruptly. He had started physical therapy. On review of systems, he reported nausea, vomiting and stomach upset. His physical exam showed antalgic gait and 5/5 lower extremity strength. Sensation was decreased in his posterior thighs bilaterally. Reflexes were 2+ and symmetric. He had pain with flexion and extension and pain in his buttocks with straight leg raise. He had bilateral chronic S1 radiculitis on EMG/NCS. MRI was reviewed. His diagnoses included low back pain, possible lower extremity radiculopathy, myofascial pain, chronic pain syndrome, lumbar disc pain and depression. His plan included referral for an epidural injection and zofran targeting nausea since cymbalta was discontinued. The zofran is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOFRAN 4 MG #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 (ODG).

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

**Decision rationale:** This worker has chronic back pain. His medical course has included the use of several medications including naproxen. Ondansetron is indicated for prevention of nausea and vomiting associated with chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed to counter the potential side effects of nausea of other medications which were discontinued. The records do not document the medical necessity for Ondansetron.