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| Case Number: | CM14-0032032 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/18/2011 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 & Rehabilitation and is licensed to practice in Nevada. 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 45-year-old male injured on January 18, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 24, 2014, indicated that there were ongoing complaints of back pain and lower extremity pain. There were also complaints of anxiety, depression, and insomnia related to the work injury. Current medications include oxycodone, ondansetron, Valium, Lyrica, Pristiq, tizanidine, and nizatidine. The physical examination demonstrated tenderness along the lumbar spine and decreased lumbar range of motion. There was a positive straight leg raise test bilaterally as well as numbness and weakness in the left lower extremity with decreased reflexes at the left Achilles. Prescriptions for oxycodone and Pristiq were renewed. Previous treatment included physical therapy, epidural steroid injections, and medial branch blocks. A request had been made for ondansetron and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondanestron 8mg TBDP, 1 SL every day prn for nausea, #30 x 2: 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) Pain Chapter; Ondansetron (Zolfran) and Pain Chapter, Antiemetic (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Ondansetron is a medication used to prevent nausea and vomiting secondary to cancer chemotherapy, radiation therapy, and surgery. A review of the attached medical records does not indicate that the injured employee required the use of an anti-nausea medication, whether it was ondansetron or another similar medication. The request for Ondansetron 8mg TBP, 1 SL every day prn for nausea, #30 x 2 is not medically necessary and appropriate.