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| Case Number: | CM14-0035708 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/07/2002 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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:

The injured worker is a 57-year-old male who reported injury on 11/07/2002. The mechanism of injury was not provided. The documentation of 01/21/2014 revealed the patient underwent a bilateral L4-5 epidural steroid injection and experienced severe nausea and vomiting following the procedure. The documentation indicated the physician wrote a prescription for ondansetron 8 mg 1 by mouth twice a day for a total of 30 for postop nausea. This request was previously not granted because the patient was not receiving chemotherapy or radiation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zofran ODT 8mg #30 dispensed on 01/29/2014: 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) Pain Chapter, Ondansetron.

Decision rationale: The Official Disability Guidelines indicate that ondansetron is FDA approved for postoperative use. The clinical documentation submitted for review indicated the patient developed significant nausea and vomiting post procedurally. This request would have

been supported starting the date of the procedure, 01/21/2014 due to severe nausea and vomiting. However, there was no DWC form RFA nor PR-2 submitted for the date of 01/29/2014 with documented exceptional factors for continuation of the medications. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the necessity for 30 tablets. Given the above, the request for retrospective Zofran ODT 8 mg #30 dispensed on 01/29/2014 is not medically necessary.