

<b>Case Number:</b>	CM14-0043491		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Management, and is licensed to practice in Texas and Oklahoma. 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 62-year-old who reported an injury on July 29, 2011. His diagnosis was listed as lumbar discopathy. His past treatments were noted to include multiple medications. On March 19, 2012, the injured worker presented with complaints of low back pain. The physical examination revealed tenderness to palpation of the lumbar paravertebral muscles and pain with range of motion. The injured worker's medications were noted to include Naproxen, omeprazole, ondansetron, Tizanidine, gabapentin, and Cidaflex. The treatment plan was noted to include a lumbar epidural steroid injection and medication refills. The rationale for the requested ondansetron prescription was to treat nausea as a side effect to cyclobenzaprine and other analgesic agents; the rationale for the request for Cidaflex tablets was to be used as a joint supplement for joint pain. The Request for Authorization for the medications dispensed on March 19, 2012 was submitted on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8 mg, thirty count provided on March 19, 2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain, FDA (Federal Drug Administration), Mosby's Drug Consult.

**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).

**Decision rationale:** According to the Official Disability Guidelines, ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatments as well as postoperative use. However, antiemetics are not supported to treat nausea and vomiting secondary to medication use. The clinical information submitted for review failed to indicate that the injured worker had nausea and vomiting secondary to chemotherapy and radiation, or that he was postoperative. The rationale for the request was to treat nausea and vomiting secondary to medication use. As this is not an indication for use according to the evidence based guidelines at this time, the request is not supported. In addition, the request failed to provide a frequency of the medication. Based on the above, the request for Ondansetron 8 mg, thirty count provided on March 19, 2012, is not medically necessary or appropriate.

**Cidaflex, 120 count provided on March 19, 2012:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin). Decision based on Non-MTUS Citation GAIT (Glucosamine Chondroitin Arthritis Intervention Trial) by the NIH (National Institutes of Health ).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, glucosamine and chondroitin sulfate may be recommended as an option for patients with moderate arthritis pain, especially for knee osteoarthritis, given its low risk. The clinical information submitted for review indicated that Cidaflex must be recommended for joint pain. However, the injured worker was not shown to have arthritis. Therefore, use of glucosamine and chondroitin is not supported. In addition, the request failed to provide a frequency of the medication. As such, the request for Cidaflex, 120 count provided on March 19, 2012, is not medically necessary or appropriate.