

<b>Case Number:</b>	CM14-0044708		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 01/29/03. A progress report associated with the request for services, dated 02/06/14, identified subjective complaints of shoulder, hip, and low back pain. Objective findings included upper abdominal tenderness and a reducible ventral hernia. Gait was antalgic. Spine examination was not documented. Diagnoses included lumbar disc disease and osteoarthritis of the pelvis. Treatment has included oral opioids and ondansetron. A Utilization Review determination was rendered on 03/07/14 recommending non-certification of "ondansetron (Zofran) 8mg".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron (Zofran) 8mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ondansetron (Zofran).

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

**Decision rationale:** Zofran (ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the

use of antiemetics or Zofran specifically. The Official Disability Guidelines (ODG) state that ondansetron is not recommended for nausea and vomiting secondary to opioid use. Likewise, it is only FDA-approved for nausea and vomiting secondary to chemotherapy, postoperative use, and gastroenteritis. The medical record does not document any of the above indications and therefore the medical necessity for Zofran in this case. Therefore the request is not medically necessary.