MAXIMUS Federal Services

Case Number:	CM14-0052869		
Date Assigned:	07/07/2014	Date of Injury:	11/18/2002
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 39 year old female with a date of injury on 11/18/2002. Diagnoses include cervicobrachial syndrome, sciatica, lumbar disc displacement, lumbago, depression, pain attacks, anxiety disorder, and post-traumatic stress disorder. Subjective complaints are of neck and low back pain, as well as bilateral arm and knee pain. Pain is rated at 8/10 with medications, and 10/10 without medications. Physical exam shows patient ambulated with a cane, and was wearing a wrist brace. No other objective physical exam findings were provided. Medications include ketamine cream, Frova, Sprix nasal spray, Xanax, Zoloft, hydrocodone, and Ondansetron. Submitted request is for Ondansetron. In regards to Ondansetron, nausea and vomiting is mentioned in 4/3/2014 visit, and this was associated with being out of her opioid medications. Nausea was also mentioned with prior trials of anti-depressant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4 mg once daily #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, Pain Chapter, Antiemetics.

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

and other Medical Treatment Guideline or Medical Evidence: FDA: Ondansetron www.drugs.com.

Decision rationale: Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. Evidence of nausea appears to be only associated when the patient had an episode of withdrawal, and with prior use of anti-depressants. There is no evidence of ongoing nausea present in the submitted records. Since Ondansetron is not recommended for nausea secondary to medication use, and ongoing nausea/vomiting is not apparent, the requested prescription for Ondansetron is not medically necessary.