

<b>Case Number:</b>	CM14-0061796		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 57-year-old male who was reportedly injured on September 20, 2000. The mechanism of injury was noted as lifting a bucket. The most recent progress note dated May 28, 2014, indicated that there were ongoing complaints of low back pain and left knee pain. Current medications include Buprenorphine, Carisoprodol, Clonidine, Suboxone and Ondansetron. The physical examination demonstrated an antalgic gait favoring the left side. Diagnostic imaging studies were not discussed during this visit. Previous treatment included lumbar spine surgery, a detoxification program and home exercise. A request was made for Ondansetron disintegrating tablets and was not certified in the pre-authorization process on April 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4 mg disintegrating tab # 15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 caused by chemotherapy, radiation therapy, and surgery. As the injured employee does not meet any of these criteria, this request for ondansetron is not medically necessary.