

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0062007 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 04/18/2007 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/21/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old female who sustained a work related injury on 04/18/07, when she lifted a helium tank from the trunk of her car, and felt low back pain. Office visit dated 02/04/14 noted the patient had a history of lumbar lordosis at L5-S1 with retained spinal hardware and possible junctional level pathology at L4-5 and upper motor neuron signs. On 04/10/14 primary treating physician request for authorization. He completed checkboxes regarding general references for multiple medications including cyclobenzaprine for muscle spasm and Ondansetron for nausea as a side effect of cyclobenzaprine or other analgesics, and omeprazole given for gastrointestinal symptoms. The patient underwent hardware removal on 05/30/14. Physical examination on 05/06/14 of lumbar spine was unchanged. There was pain and discomfort over the top of palpable hardware where as well as in the lumbosacral junction. Reproducible symptomatology with transient symptoms into the lower extremities was noted. Cervical spine examination was essentially unchanged. There was paravertebral muscle spasm. Positive axial loading compression test was noted. Generalized weakness and numbness were noted. There appeared to be plus or minus C5-6 roots and dermatomes in right upper extremity. Cervicalgia was noted. Prior utilization review on 04/21/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also Food and Drug Administration FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the patient has previously suffered from severe post-operative nausea and vomiting. As such, the request for Ondansetron is not medically necessary.