

Case Number:	CM14-0064671		
Date Assigned:	07/11/2014	Date of Injury:	08/15/2008
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The patient is a 35 year old female with a date of injury on 8/15/2008. Diagnoses include right cubital tunnel syndrome, lumbar disc disease, lumbosacral neuritis, cervical disc disease, and thoracolumbar myofascitis. Subjective findings are of constant low back pain that radiates to the right leg. Physical exam shows low back tenderness with radiculopathy in the L5 dermatome. Medications include Naproxen, omeprazole, Ondansetron, cyclobenzaprine, and tramadol/terocin patch. Request is for Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ondansetron 8 mg: Upheld

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

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

Decision rationale: The Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy. Ondansetron, as per ODG Guidelines is not recommended for

nausea secondary to opioid therapy. Since Ondansetron is not recommended for nausea secondary to opioid use and documentation does not present specific rationale for the ongoing use of an antiemetic, therefore Ondansetron 8mg #60 is not medically necessary.