

Case Number:	CM14-0073376		
Date Assigned:	07/16/2014	Date of Injury:	05/26/2013
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 records presented for review indicate that this 51 year old gentleman was reportedly injured on May 26 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles, normal lumbar spine range of motion, and a normal lower extremity neurological examination. Diagnostic nerve conduction studies of the lower extremities were normal. Previous treatment is unknown. A request was made for Ondansetron and was not certified in the preauthorization process on May 21st 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Hydrochloride Tablets, 4 mg, QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - updated July 10, 2014.

Decision rationale: Ondansetron (Zofran) is a serotonin 5 HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, postoperatively, and acute gastroenteritis. The Official Disability Guidelines (ODG) guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records, fails to document an indication for why this medication was given. As such, this request for Ondansetron is not medically necessary.