

Case Number:	CM14-0076369		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2000
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 49-year-old male with a 2/15/00 date of injury. At the time (4/16/14) of request for authorization for One prescription Ondansetron 8mg, there is documentation of subjective (constant, severe lower back pain with radiation) and objective (lumbar spasm, positive straight leg raise, decreased lumbar range of motion, and decreased sensation in L5 distribution) findings, current diagnoses (lumbar radiculitis), and treatment to date (home exercise program and medications (including MS Contin and Neurontin). There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, working group of the clinical practice guideline for the patient safety at surgery settings. Quality plan for the National Health System of the Ministry of Health, Social Policy, and Equality. Barcelona (Spain): Agency for Information, Evaluation, and Quality in Health of Catalonia (AIAQS); 2010, page 191 (Clinical practice guidelines in the NHS: AATRIM; no. 2007/24.

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

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculitis. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron 8mg is not medically necessary.