

<b>Case Number:</b>	CM14-0076586		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

Individual is a 58 year old female with an 8-28-09 date of industrial injury. Current diagnosis are lumbago, rule out cubital and carpal tunnel syndromes, and right lower extremity radiculitis. Individual also sustained a right foot fracture during the injury. She has had surgery on both feet for stabilization in 2011 and 2013. On exam 4-23-14 individual complained of numbness and tingling to her upper extremities, continued lower back pain and radicular symptoms down the left lower extremity (subjective). Bilateral wrist exam showed a positive Tinel's, Phalen's and median nerve compression test. Individual has positive tenderness and spasms in the lower lumbar region and a positive straight leg raise in the sitting position, as well (objective). Current medications are Diclofenac XR 1 taken daily for inflammation; Omeprazole 20 mg taken daily as prophylaxis for chronic NSAID use; and Tramadol ER 150mg taken daily for pain. Current request is for Ondansetron 4mg #30 for relief of nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON 4 MG # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, CHAPTER 8, 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, opioids Page(s): 68-69, 74-96.

**Decision rationale:** Odansteron is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use. Official Disability Guidelines (ODG) does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". It is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative care. There is also no charting of any type of gastro-intestinal symptoms or problems that would indicate use of this medication. The physician does prescribe a daily NSAID (Diclofenac XR 1 daily) and long-term use of NSAIDS can cause gastrointestinal symptoms. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. The individual is already prescribed a proton pump inhibitor, Omeprazole 20 mg every day. Odansteron is not first line treatment because it is not a proton pump inhibitor. As such Odansteron 4mg #30 is deemed not medically necessary.