

Case Number:	CM14-0078164		
Date Assigned:	07/18/2014	Date of Injury:	07/08/2013
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and back pain reportedly associated with an industrial injury of July 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and the apparent imposition of permanent work restrictions which have resulted in the applicant's removal from the workplace. In a Utilization Review Report dated May 13, 2014, the claims administrator failed to approve a request for ondansetron (Zofran). The applicant's attorney subsequently appealed, on June 11, 2014. In an April 25, 2014 progress note, the applicant was described as having ongoing issues with shoulder and neck pain. The applicant was pending shoulder surgery. The attending provider suggested that the applicant was permanent and stationary and was not working with a rather proscriptive "0-pound" lifting limitation involving the left upper extremity. The applicant was given prescriptions for Diclofenac, omeprazole to reduce gastritis associated with NSAIDs, and ondansetron to counter nausea generated by NSAID usage. The applicant was also asked to employ cyclobenzaprine, tramadol, and Wellbutrin for various purposes.

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.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 7-8 and on the Non-MTUS Official Disability Guidelines (ODG) Food and Drug Administration (FDA), Ondansetron Medication Guide. The Expert Reviewer's decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that "an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage." The Food and Drug Administration (FDA) does state "ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery." In this case, there is no evidence that the applicant had any recent surgery, radiation therapy, and/or cancer chemotherapy. The attending provider posited that ondansetron was being employed for NSAID-induced gastritis. This is not an FDA approved indication for the same, however. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable FDA position. Therefore, the request is not medically necessary.