

Case Number:	CM14-0078735		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2009
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 Pain Management 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 injured worker is a 58-year-old female who sustained work-related injuries on August 28, 2009. Recent medical report dated April 23, 2014 indicated that the injured worker reported that she was feeling better but continued to have significant numbness and tingling sensation to her arms and chronic low back pain. She reported neuropathic pain in her upper extremities to the thumb and ulnar distribution bilaterally and shooting pain in the lower extremities down to the lateral aspect of the toes. On examination, tenderness and spasm were noted in the paralumbar musculature. She was unable to walk on tip toes and heel walk secondary to foot surgery. Lumbar range of motion was limited particularly with flexion and extension due to pain. Straight leg raising test was positive. Right elbow examination noted positive Tinel's sign. Right wrist examination noted positive Tinel's sign, Phalen's test, and median nerve compression test. She was diagnosed with (a) rule out right cubital tunnel syndrome; (b) rule out carpal tunnel syndrome; (c) chronic low back pain; (d) radiculitis/neuropathic pain right lower extremity; and (e) status post bilateral foot surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, page 22, 69, Anti-

inflammatory pages 63-64, Muscle Relaxants pages 68-69, NSAIDS pages 13-16,74-95 and on the Non-MTUS Official Disability Guidelines- Pain. Page(s): 22, 69, 63-64, 68-69, 13-16,74-95. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not directly address this medication. Please note that Ondansetron (Zofran) is a drug serotonin 5-HT₃ receptor antagonist and is food and drug administration-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also food and drug administration-approved for postoperative use and acute usage is food and drug administration-approved for gastroenteritis. As an antiemetic it is not recommended for nausea and vomiting secondary to chronic opioid usage. After review of this injured worker's presented records, there is no indication of any complaints regarding nausea and vomiting secondary to medication usage although it is noted that she is utilizing tramadol extended release, non steroidal anti-inflammatory drugs, Omeprazole, Cyclobenzaprine, and Wellbutrin. In addition, the presented clinical information of the injured worker does not meet any of the indications for Ondansetron. Therefore, the medical necessity of the requested Ondansetron 4 milligrams #30 is not established.