

<b>Case Number:</b>	CM14-0079474		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/25/1999
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 claimant was injured on 10/25/99. Ondansetron is under review. He reportedly has constant back pain with radiation, tenderness, spasm and decreased range of motion. He has a positive straight leg raise test. Ondansetron is recommended. He is status post left L4-5 hemilaminotomy/microdiscectomy. He also had spondylosis and has been prescribed several medications. He was prescribed Naproxen, Omeprazole, and Ondansetron twice daily on an as-needed basis for nausea with headache, Cyclobenzaprine, Tramadol, and Medrol ointment. The patient is on Tramadol. The guidelines do not recommend antiemetics for opioid nausea and vomiting as the side effects tend to diminish over days to weeks of continued exposure. He complains of nausea associated with his headaches. He stated that the medication was beneficial according to a note by [REDACTED] dated 04/03/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg ODT #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: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 115. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2014, Ondansetron.

**Decision rationale:** The MTUS state benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence and vomiting). Typically, antiemetics are not recommended for opioid nausea and vomiting as the side effects tend to diminish over days to weeks of continued exposure. In this case, the claimant reports he has headaches with nausea as a side effect of them. However, the type of headaches and cause, pattern of the headaches, and clear documentation of functional improvement with the use of Ondansetron have not been described. The indication for ongoing use of Ondansetron under these circumstances is unclear. The office notes do not describe nausea though the claimant reported this symptom. His pattern of use of the medication including frequency of use is unclear. Trials of other headache control methods have not been described. The medical necessity of the ongoing use of Ondansetron under these circumstances has not been demonstrated.