

Case Number:	CM14-0079534		
Date Assigned:	07/18/2014	Date of Injury:	09/23/2012
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with an injury date of 09/23/2012. According to the 04/10/2014 progress report, the patient has persistent left neck pain and headaches. He has intermittent radiating radicular pain into his right arm in a C6 distribution associated with numbness and paresthesias. In June of 2013, the patient had a large C5-C6 disk protrusion causing cord compression and now S/P ACDF. He rates his pain as being a 4/10. The patient also complains of chest pain, constipation, nausea, joint pain, muscle pain, memory loss, muscle weakness, dizziness, drowsiness, fatigue, difficulty sleeping, difficulty concentrating, loss in interest of hobbies and other activities, and feeling depressed. The patient is diagnosed with post-laminectomy syndrome, cervical region. The request is for ondansetron HCl 8 mg #30. The utilization review determination being challenged is dated 05/09/2014. Treatment reports were provided from 12/06/2013 - 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron HCL 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding antiemetics: Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005)

Promethazine (Phenergan®): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus).

Ondansetron (Zofran®): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet®), for chemotherapy-induced nausea, but not pain.

Decision rationale: According to the 04/10/2014 progress report, the patient complains of left neck pain and headaches. The request is for ondansetron HCl 8 mg #30. The report with the request was not provided. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines have the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron; this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis." None of the reports provided have any discussion as to the patient's nausea. The patient has not had any recent surgery nor is there any discussion provided as to what may cause this patient's nausea. Recommendation is for denial.