MAXIMUS Federal Services

Case Number:	CM14-0082177		
Date Assigned:	07/21/2014	Date of Injury:	08/15/2008
Decision Date:	11/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 Pain 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:

This is a male patient with a date of injury of August 15, 2008. A utilization review determination dated May 20, 2014 recommends non-certification of ondansteron 8mg SL daily. A progress note dated January 28, 2014 identifies subjective complaints of neck and low back pain. He is status post epidurolysis and is doing better, and is weaning down on opiates. The patient reports to be using medications appropriately, denies any adverse side effects unless otherwise noted, reports stable functionality, and there is no aberrant drug-related behaviors unless otherwise noted. Physical examination identifies that the patient ambulates without a device and has a normal gait. The diagnoses include skin sensation disturbance, lumbago, and spasm of muscle. The treatment plan recommends epidurolysis, pre-fabricated transcutaneous electrical nerve stimulation (TENS) unit trial, Zofran 8mg SL QD, consider CESI as needed, detox, and prescriptions for clonidine 0.1mg #60, and Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron Hydrochloride 8MG, SL daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment in Worker's Compensation, 12th edition, Pain (updated 5/15/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics

Decision rationale: Regarding the request for ondansetron 8mg SL daily, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron 8mg SL daily is not medically necessary.