

Case Number:	CM14-0084382		
Date Assigned:	07/28/2014	Date of Injury:	06/24/2008
Decision Date:	09/29/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 49 year old male who sustained an injury on 06/24/08 when the injured worker was struck by a metal tongue from a trailer and sustained a fracture of the right fibula. Following the fracture, the injured worker did develop chronic regional pain syndrome and had been followed for multiple treatments to include a right lumbar sympathetic block as well as radiofrequency ablation procedures. Other injections included epidurals and the injured worker was seen for chiropractic treatment. As of 04/23/14, the injured worker had been followed for persistent complaints of low back pain with swelling in the right lower extremity. Physical examination noted tenderness to palpation in the lumbar paraspinal musculature with limited lumbar range of motion. Swelling and pitting edema in the right anterior tibia was also present. There was limited range of motion in the right ankle. The injured worker was recommended for a Doppler study to rule out a deep vein thrombosis. The injured worker was continued on medications to include Cyclobenzaprine, Diclofenac, Omeprazole, and Ondansetron to counter effect nausea from NSAID prophylaxis. The requested Ondansetron 4mg, quantity 30 was denied by utilization review on 05/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #30 for the Lumbar Spine: Upheld

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

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

Decision rationale: In review of the clinical documentation submitted, this reviewer would not recommend the request for Ondansetron 4mg, quantity 30 as medically necessary. Ondansetron is FDA indicated to address nausea and vomiting for injured workers who are undergoing chemotherapy or radiation treatment. Other indications include postoperative nausea and vomiting. The use of Ondansetron to address nausea and vomiting secondary to anti-inflammatories would not be indicated and would be outside of FDA indications for this medication. Per guidelines, the use of an antiemetic is not recommended for side effects secondary to other medications. Guidelines recommend that there be alteration of the injured worker's prescription medications to avoid this side effect rather than continue with antiemetics. Therefore, the request is not medically appropriate.