

<b>Case Number:</b>	CM14-0086749		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Anesthesiology, 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:

The injured worker is a 42-year old male who had a work related injury on 07/28/03. The injured worker was injured while finishing concrete. He is diagnosed with cervical disorder, brachial neuritis, internal derangement, and lumbar disc disorder and lumbosacral neuritis. Most recent medical record submitted for review is dated 04/07/14. The injured worker was in for constant cervical, back and knee pain. There was tenderness of the cervical and lumbar spine and knee. Spurling's, straight leg raising and McMurray's test were positive. There was decreased motion. He was advised to continue home exercise program and medication and was pending lumbar and knee surgery. Medications tramadol, Medrox pad, Medrox ointment, cyclobenzaprine and Zofran. Prior utilization review was non-certified on 05/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron (Zofran) 8mg ODT:** Upheld

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

**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, Ondansetron (Zofran®).

**Decision rationale:** The clinical documentation as well as current evidence based guidelines does not support the request for continued use of Ondansetron. It is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA (Food and Drug Administration approved for postoperative use. Acute use is FDA-approved for gastroenteritis. There is no clinical documentation of gastroenteritis, or nausea and vomiting secondary to chemotherapy and radiation use. Therefore, Ondansetron (Zofran) 8mg ODT is not medically necessary.