

<b>Case Number:</b>	CM14-0106890		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with a date of injury on 04/17/2008. Documentation from 07/23/2014 indicated that the injured worker sustained a motor vehicle accident. Documentation from 06/11/2014 indicated the diagnoses of cervical pain, cervical degenerative disc disease, cervical sprain, cervical spinal stenosis, cervical herniated nucleus pulposus, tinnitus not otherwise specified, and hearing loss not otherwise specified. Physician documentation on 06/12/2014 noted diagnoses of disc herniations at cervical four to five and cervical five to six, facet arthropathy of the cervical spine, and status post posterior foraminotomy on the right at cervical four to five and cervical five to six on 05/24/2012. Subjective findings from 06/12/2014 were remarkable for neck pain with headaches that is rated a nine out of ten, dizziness, nausea, vomiting, and ringing in the ear. Physical examination performed on this date was remarkable for mildly antalgic gait, limited range of motion to the cervical spine in all planes, tenderness to palpation on the cervical spine with spasms noted in the right greater than the left trapezius region, decreased sensation to the right cervical five dermatome, positive Hoffman's test bilaterally, and hyper reflexes bilaterally to the biceps, brachioradialis, and triceps. Physician noted a four out of five motor strength to the right deltoid, biceps, and internal and external rotators. Computed tomography myelogram performed on 05/08/2011 revealed mild degenerative changes with retrolisthesis from cervical three to four through cervical five to six, mild lateral uncovertebral hypertrophic changes with the greatest being at cervical four to five on the left. Documentation from 06/11/2014 noted magnetic resonance imaging of the cervical spine from 02/16/2013 that noted degeneration with left neural

foraminal stenosis at cervical four to five and cervical five to six. Cervical x-ray performed on 06/11/2014 revealed diffuse degenerative changes. Medical records provided refer to prior treatments and therapies that included sixteen sessions of acupuncture remarkable for good relief, 24 sessions of chiropractic care with results of good relief .A medication history of Norco, Flexeril, Zofran, Vicodin, and Robaxin. Physician documentation from 06/12/2014 noted the injured worker to have an increased level in function and a seventy to eighty percent relief in pain from the medications of Norco, Flexeril, and Zofran. Medical records from 06/12/2014 noted a disability status of partially disable times four weeks with the restrictions of limited sitting, standing, and walking to twenty minutes followed by a five minute break or change in position, and a lifting limit of ten pounds.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ondansetron HCL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment; Updated 6/10/14, Pain (Chronic); Ondansetron

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 02/10/15) Antiemetics (for opioid nausea) Thompson micromedex Ondansetron FDA labeled indication

**Decision rationale:** Request: Ondansetron HCL Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG and Thompson Micromedex was used. Per ODG, Antiemetics (for opioid nausea), not recommended for nausea and vomiting secondary to chronic opioid use. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis. Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of the Ondansetron HCL for this patient at this juncture.