

Case Number:	CM14-0014737		
Date Assigned:	02/28/2014	Date of Injury:	03/31/2013
Decision Date:	01/27/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/05/2014

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 Management, 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:

According to the records made available for review, this is a 56-year-old male with a 3/31/13 date of injury. At the time (12/31/14) of request for authorization for Ondansetron ODT tablets 8MG, 30X2 QTY: 60, there is documentation of subjective (low back pain) and objective (tenderness over the mid to distal lumbar segments, pain with terminal motion, positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes) findings, current diagnoses (lumbar discopathy), and treatment to date (medications). Medical report identifies that Ondansetron is prescribed for Cyclobenzaprine induced nausea. There is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT tablets 8mg, 30x2 qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S.FOOD AND DRUG ADMINISTRATION .[HTTP://WWW.FDA.GOV/DRUG/DRUG SAFETY/POST MARKET DRUG SAFETY INFORMATION FOR PATIENT AND PROVIDERS](http://www.fda.gov/drug/drug_safety/post_market_drug_safety_information_for_patient_and_providers)

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, Antiemetics (for opioid nausea).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. However, there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and a review of the evidence, the request for Ondansetron ODT tablets 8mg, 30x2 qty: 60 is not medically necessary.