

<b>Case Number:</b>	CM14-0184649		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow epicondylitis reportedly associated with an industrial injury of November 11, 2003. In a Utilization Review Report dated October 28, 2014, Utilization Review denied a request for Zofran 4 mg #10 while approving a urine drug screen and conditionally denying a medication panel. The decision was based on a September 23, 2014 progress note. The applicant's attorney subsequently appealed. In an April 6, 2014 progress note, the applicant reported persistent complaints of knee and shoulder pain. The applicant apparently had issues with knee arthritis status post viscosupplementation injections, it was acknowledged. The applicant was reportedly eager to undergo a total knee arthroplasty procedure; it was stated on this date. A corticosteroid injection was performed in the clinic. In an applicant questionnaire dated May 6, 2014, it was suggested that the applicant was no longer working. The applicant reported some symptoms of nausea, the source of which were not elaborated upon. In a progress note of the same date, May 3, 2014, the applicant was asked to follow up with his personal physician for issues associated with nausea. The applicant was using Vicodin, Pamelor, Zofran, and Prilosec, it was acknowledged. On May 19, 2014, the applicant was given refills of Vicodin, Prilosec, and Zofran. It was stated that Zofran was being employed for nausea and vomiting of unknown origin. The applicant stated that his medications were overall effective. The applicant was asked to discontinue Pamelor on the grounds that it was not effective. On July 18, 2014, the applicant acknowledged in a questionnaire that he was not working. The applicant stated that he did not have any issues with nausea or vomiting. On July 18, 2014, the applicant was given refills of Prilosec, Vicodin, and Zofran. It was stated that Zofran was being employed on an as-needed basis for nausea and vomiting. The source of the applicant's nausea and vomiting was, once again, not stated. On July 23, 2014, it was stated that the applicant's planned total knee

arthroplasty had been postponed. The applicant was using Vicodin, Omeprazole, Zofran, and Tramadol as of this point in time, it was acknowledged. On September 23, 2014, the applicant reported persistent complaints of knee and shoulder pain. The applicant was using a cane to move about. Zofran was endorsed on a p.r.n. (as needed) basis for nausea. The applicant was concurrently using Vicodin. The applicant was asked to discontinue Protonix.

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

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

#### **1 Prescription for Ondansetron 4mg #10: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Ondansetron (Zofran) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. There is no mention that the applicant has received surgery, chemotherapy, and/or radiation therapy. It appeared based on the attending provider's progress notes that the applicant was using Zofran (Ondansetron) for nausea of unknown origin. This was not an FDA-endorsed role for Ondansetron (Zofran). No rationale or medical evidence to support such usage was furnished by the attending provider. The attending provider suggested that the applicant follow up with his personal physician to obtain further workup to determine the source of the nausea and/or vomiting. Therefore, the request is not medically necessary.