

<b>Case Number:</b>	CM14-0194860		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old female who reported an injury on 08/17/2007. The mechanism of injury was falling off a chair while restraining a combative child. Her diagnoses were noted to include lumbar radiculopathy, cervical discopathy, and bilateral foot sprain/strain. Her past treatments were noted to include acupuncture, medication, physical therapy, manipulation, injections, sleep study, and extracorporeal shockwave therapy. Her diagnostic studies and surgical history were not provided. During the assessment on 10/03/2014, the injured worker stated that she was having severe pain in cervical and lumbar spine that traveled down the arm and leg. There was increased numbness and tingling. The physical examination revealed tenderness to the cervical and lumbar spine paravertebral musculature. There was muscle spasm in the upper trapezius with restricted range of motion in the cervical and lumbar spine. Current medication list was not provided. The treatment plan at that time was to return back to work on 11/04/2014 with the same work modification and continue to request for lumbar spine epidural steroid injection. The rationale for ondansetron ODT 8 mg and 1 year gym and pool membership was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron ODT 8 MG #10 Dissolve 1 Tab on Tongue Once Daily A s Needed for Nausea:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea)

**Decision rationale:** The request for ondansetron ODT 8 mg #10 dissolve 1 tab on tongue once daily as needed for nausea is not medically necessary. The Official Disability Guidelines do not recommend antiemetics for nausea or vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. These side effects tend to diminish over days to weeks with continued exposure. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Its acute use is FDA approved for gastroenteritis. The clinical documentation provided did not indicate that the injured worker was using ondansetron ODT 8 mg to control nausea or vomiting. There was no indication that the use of ondansetron was to control nausea and vomiting secondary to chronic opioid use, nor was it indicated that the injured worker was undergo chemotherapy or radiation treatment. Given the above, the request is not medically necessary.

**1 Year Gym and Pool Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Health Clubs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Memberships

**Decision rationale:** The request for 1 year gym and pool membership is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. The guidelines state that gym memberships would not generally be considered medical treatment. The clinical documentation indicated that the injured worker was to continue with his home exercise program. There was no indication that the home exercise program had not been effective or any documentation indicating that there was need for equipment. There was no indication of a future home exercise program or an exercise program that would be monitored by a medical professional. There was no rationale provided as to why the injured worker was unable to perform a home exercise program in the home setting rather than in a gym setting and what the gym membership and pool membership was needed for. Given the above, the request is not medically necessary.

