

<b>Case Number:</b>	CM14-0195976		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 35 year old female with a work injury dated 9/8/11. The diagnoses include status post right L4-5 laminectomy and discectomy, lumbar radiculopathy, lumbar facet arthropathy, and lumbar disc disorder. Under consideration is a request for Ondansetron 8mg quantity 30. There is a 10/23/14 progress note that states that the patient complained of constant pain in the low back that was aggravated by activity. The pain was described as sharp, and was rated at 8/10. On examination of the lumbar spine, there was paravertebral muscle tenderness with spasm upon palpation. The seated nerve root test was positive. The range of motion on standing flexion and extension was reduced and guarded. The patient's medications were beneficial to the patient. The medications were helpful in curing and relieving the patient's symptomatology. Treatment plans included physical therapy and magnetic resonance imaging of the lumbar spine. The patient was on modified work. The patient was diagnosed with lumbar disc disorder. This is a request for the medical necessity of Fenopufen Calcium (Nalfon) 400 mg TID quantity of 120, Omeprazole 20 mg every 12 hours quantity of 120 and Ondansetron 8 mg for nausea/stomach upset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg Quantity 30:** 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, Ondansetron, Antiemetics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran); Antiemetics

**Decision rationale:** Ondansetron 8mg #30 is not medically necessary per the Official Disability Guidelines. The MTUS does not specifically address Ondansetron (Zofran). The Official Disability Guidelines does not recommend Ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. There is no documentation that this Ondansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment. Therefore, this medication is not medically necessary.