

Case Number:	CM14-0197284		
Date Assigned:	12/23/2014	Date of Injury:	04/15/2008
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in North Carolina. 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 56-year-old with a reported date of injury of 4/24/1989- 4/15/2008. The patient has the diagnoses of cervical discopathy with radiculitis, cervicgia, and bilateral cubital tunnel syndrome, left carpal tunnel syndrome, bilateral epicondylitis, lumbar discopathy and right carpal tunnel syndrome. Per the most recent progress notes provided for review from the primary treating physician dated 11/25/2014, the patient had complaints of cervical spine pain with radiation to the arms, associated headaches, bilateral elbow pain, right wrist pain and constant low back pain with radiation to the legs. The physical exam noted cervical spine paraspinal tenderness with spasm, positive Spurling's maneuver and numbness in the C6/7 dermatomes. The elbow exam noted diminished sensation in the ulnar digits and lateral epicondyle tenderness. The right wrist exam noted tenderness over the volar aspect with a positive palmar compression test and Tinel's and Phalen's signs with diminished sensation in the radial digits. The lumbar spine exam noted paraspinal muscle tenderness with spasm, restricted range of motion and decreased sensation in the L5 and S1 dermatome. The treatment plan recommendations included continuation of medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Work Loss Data Institute, Antiemetics

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondansetron, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. Per the progress notes, the patient is being prescribed the medication to treat nausea associated with migraine like headaches. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine which are actually indicated in the treatment of migraine headaches. For these reasons the request is not medically necessary.