

Case Number:	CM14-0203212		
Date Assigned:	01/06/2015	Date of Injury:	05/04/2004
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 45-year-old female who was injured on May 4, 2004. The patient continued to experience pain in her neck, right shoulder, elbows, wrists, and mid-back. Physical examination was notable for palpable tenderness with myospasms of the cervical spine, restricted range of motion of the cervical spine, severe tenderness of the right shoulder with restricted range of motion, tenderness and limited motion of the bilateral upper extremities, and tenderness to the thoracic spine. Diagnoses included chronic regional pain syndrome, acute neck sprain/strain, opiate dependence, increased muscle spasms, and chronic pain syndrome. Treatment included medications and psychologist referral. Request for authorization for ondansetron 4 mg was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg: 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: 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: Ondansetron, a serotonin 5-HT₃ receptor antagonist, is an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Therefore, the request is not medically necessary.