

<b>Case Number:</b>	CM14-0208746		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 y/o male injured worker with a date of injury of 6/17/2010. The injured worker has a diagnosis of chronic low back pain with radiculopathy affecting the left lower extremity. On exam, there was a positive straight leg raise on the left, and diminished deep tendon reflexes in the lower extremities. Treatment to date has included a lumbar epidural steroid injection, physical therapy, use of a TENS unit, and medication management. It was not documented as to whether acupuncture or chiropractic care had been trialed. The UR decision is dated 11/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ondansetron 8mg (Dispensed 11/06/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS is silent on the use of Ondansetron. With regard to antiemetics, the OGD states "Not recommended for nausea and vomiting secondary to chronic opioid use. Medication is recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for post-operative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, Ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.