

Case Number:	CM15-0000673		
Date Assigned:	01/12/2015	Date of Injury:	09/27/2012
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 54 year old female, who sustained an industrial injury, on September 27, 2012. The injured workers chief complaint was of lumbar back pain and cervical neck pain which has been waxing and waning with activity. She was diagnosed with cervical spondylosis, chronic pain syndrome, lumbar spondylosis and radiculitis. The claimant had been treated with conservative therapies such as activity modification, physical therapy, massage, chiropractic services, nonsteroidal anti-inflammatory over the counter medications. NSAIDs did not provide relief and the claimant had been on opioids for pain relief. The primary provider requested odansetron ODT 4mg #30. No clear documentation was submitted as to why the provider requested odansetron. On December 24, 2014, the YR denied retrospective usage of Odansetron ODT 4mg #30 (DOS December 1, 2014). The denial was based on the Mosby's Drug Consult; in this case, without documentation of nausea and vomiting, the medical necessity of this medication was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Ondansetron ODT 4mg. #30 (DOS 12/1/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Zofran/Ondansetron

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation anti-emetics

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary.