

<b>Case Number:</b>	CM15-0003863		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 72 year old female, who sustained an industrial injury on 11/01/2001. The diagnoses have included bilateral sacroiliac dysfunction, lumbar radiculopathy, lumbar spondylosis, lumbar facet disease, obesity, and narcotic dependence. Treatments to date have included therapy, chiropractic care, acupuncture, medication, and surgery. There was no MRI report or other diagnostic testing provided. In a progress note dated 09/16/2014, the injured worker presented with complaints of back pain. The treating physician reported the injured worker occasionally get nausea from pain and medications and has failed multiple over the counter and prescription remedies. Utilization Review determination on 12/26/2014 non-certified the request for Ondansetron ODT 8mg 30's citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ondansetron ODT 8mg #30 dispensed on 09/16/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Chronic ) Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information. Topic 9719, version 136.0. UpToDate, accessed 02/14/2015.

**Decision rationale:** Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. There was no discussion suggesting the worker had symptoms or findings consistent with any of the above conditions. In the absence of such evidence, the current request for thirty tablets of ondansetron-ODT 8mg for date of service 09/16/2014 is not medically necessary.