

<b>Case Number:</b>	CM15-0009399		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 is a 59 year old female, who sustained an industrial injury on 3/5/2008. The current diagnoses are cervical discogenic pain, left/right wrist pain, depression, and left and right knee pain with possible internal derangement. Currently, the injured worker complains of severe left knee pain. Current medications are Norco, Gabapentin, Amitriptyline, Naproxen, Omeprazole, and Tizanidine. Treatment to date has included medications, trigger point injections, multiple therapies, and surgery. The treating physician is requesting Ondansetron 8mg #10, which is now under review. On 1/6/2015, Utilization Review had non-certified a request for Ondansetron 8mg #10. The Ondansetron was non-certified based on no documentation of nausea or vomiting, for which this medication is indicated for. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron Tab 8mg Day Supply: 10 Quantity: 10 Refills 00:** 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 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-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 postoperative use. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary.