

<b>Case Number:</b>	CM15-0100794		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 46-year-old female, who sustained an industrial injury on 2/24/12. The injured worker has complaints of low back and knee pain. The documentation noted on examination there was positive tenderness in the S1 (sacroiliac) joints. There was positive straight leg raise in the bilateral lower extremities and right lower extremity had diminished sensation. The diagnoses have included status post lumbar spine decompression; lumbar disc herniation and degenerative disc disease and biceps femoris tendon chronic tear and retraction. Treatment to date has included anti-inflammatory; omeprazole to reduce non-steroidal anti-inflammatory drugs (NSAIDs) gastritis prophylaxis and wellbutrin for depression neuropathic pain. The request was for ondansetron 4mg #60, post-op/chemotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4mg #60, Post-op/Chemotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention and treatment of chemotherapy-induced nausea and vomiting by Paul Hesketh, MD, in UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic pain and failed back syndrome. The patient has chronic pain involving the low back and knees. This relates back to an industrial injury on 02/24/2012. The patient receives physical therapy, acupuncture, and medications for pain. This review addresses a request for refills of ondansetron 4mg #60. Ondansetron is a potent anti-emetic FDA approved to treat nausea and vomiting over the short-term. Medical indications include post-operative states, post-chemotherapy, and viral gastroenteritis. There is no mention of any of these approved medical conditions. Ondansetron is not medically necessary.