

Case Number:	CM15-0102884		
Date Assigned:	06/05/2015	Date of Injury:	08/04/2014
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 31-year-old female, who sustained an industrial injury on 8/4/14. She reported initial complaints of upper back. The injured worker was diagnosed as having cervical or thoracic discopathy; cervicalgia. Treatment to date has included physical therapy; medications. Diagnostics included MRI cervical and thoracic spine (4/2/15). Currently, the PR-2 notes dated 3/27/15 indicated the injured worker complains of constant pain in the neck and upper back that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and work above the shoulder level. The pain is characterized as sharp with radiation of pain into the upper extremities with numbness and tingling. The pain is associated with headaches that are migrainous in nature as well as tension between the shoulder blades. The pain level is described by the injured worker as 8/10. She has frequent pain in the left shoulder with a pain level of 6/10. The provider documents a recent injection to the left shoulder has helped her symptomology for a week but the pain has returned. On physical examination, the provider documents the cervicodorsal spine has limited range of motion with dysesthesia at C6-7 dermatome with numbness and tingling into the lateral forearm and hand greatest over the thumb and middle finger which correlates with C6 and C7 dermatomal pattern. She has tenderness in the posterolateral region extending to the levator scapula noted as a possible "cervical root-type pain." The left shoulder range of motion notes is reducible symptomology with internal rotation and forward flexion. She was scheduled for a Cervical and thoracic MRI on 4/2/15 and that report was submitted - Cervical disc C2-C7 thecal sac and neural foramen are

patent; C5-C6 2mm broad based posterior central disc protrusion. "Normal MRI of thoracic spine." The provider is requesting physical therapy. He has also requested Ondansetron 8 MG ODT #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 MG ODT #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms, opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for nausea and vomiting secondary to chronic opioid use. Additionally, this drug 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. There is no evidence that patient is undergoing chemotherapy/ radiation treatment or postoperative. Regarding the gastrointestinal symptoms related to NSAID usage MTUS states; if criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, ondansetron is not a proton pump inhibitor and is not considered first line treatment. As such the request for ONDANSETRON HCL 8MG, #30 is deemed not medically indicated.