

Case Number:	CM15-0107050		
Date Assigned:	06/11/2015	Date of Injury:	03/23/2006
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female, who sustained an industrial injury on March 23, 2006. She reported an injury to her low back. Treatment to date has included work modifications, epidural steroid injection, MRI of the right shoulder, and medications. Currently, the injured worker complains of continued right shoulder and neck pain. She describes the pain as intermittent and moderate-severe in nature. Her pain is worse with activity and relieved with medications and rest. On physical examination she has normal range of motion of the cervical spine and has no tenderness to palpation. She has tenderness to palpation over the lumbar spine ambulates with an antalgic gait. The diagnoses associated with the request include cervical and lumbar pain. The treatment plan includes pain management consultation, Diclofenac, Omeprazole and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg, qty 60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

Decision rationale: This is a 61-year-old female injured in 2006, now 9 years ago. There has been extensive conservative treatment and injections. There is now right shoulder and neck pain with tenderness. There is no mention of acute spasm or GI issues, or documentation of significant nausea and vomiting issues. There is no evidence of postoperative use or chemotherapy or radiation treatment, or gastroenteritis. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): 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. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is not medically necessary.