

Case Number:	CM15-0018749		
Date Assigned:	02/06/2015	Date of Injury:	01/30/2010
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 31 year old female injured worker suffered and industrial injury on 1/30/2010. The diagnoses were lumbar disc herniation with radiculopathy and chronic neuropathic syndrome. The diagnostic studies were lumbar magnetic resonance imaging. The treatments were lumbar fusion 2012, medications, epidural steroid injections, aqua therapy, TENS, braces, physical therapy and relaxation therapy. The treating provider reported continued back pain with radiation to the left lower extremity. On exam reduced lumbar range of motion with lumbar tenderness. The Utilization Review Determination on 1/5/2015 non-certified Ondansetron ODT 4mg #60, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 4mg #60: 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) 2014 (pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter on ondansetron.

Decision rationale: This patient presents with chronic back pain. The treater is requesting ONDANSETRON ODT 4 MG, QUANTITY 60. The RFA was not made available for review. The patient's date of injury is from 01/30/2010 and her current work status was not made available. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines under the pain chapter on ondansetron, Zofran, do not support anti-emetics for nausea and vomiting due to chronic opiates. Zofran is specifically recommended for nausea and vomiting secondary to chemotherapy and radiation treatment following surgery and for acute use of gastroenteritis. The 09/02/2014 report notes that the patient has utilized TENS unit and IF unit in the past for pain relief. The patient does not have a history of ondansetron use. The report making the request was not made available. The patient is not post-surgical. In this case, the patient does not meet the required criteria for Ondansetron use. The request IS NOT medically necessary.