

<b>Case Number:</b>	CM15-0136499		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on November 10, 1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain state, insomnia, Type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, probable irritable bowel syndrome, migraine-type chronic headaches, depression with anxiety, dyslipidemia, asthma, status post diastasis recti plus umbilical hernia repair, and status post right thumb surgery. Treatment and diagnostic studies to date has included psychotherapy, occupational therapy, above noted procedures, use of a cane, and medication regimen. In a progress note dated June 03, 2015 the treating physician reports complaints of pain to the neck and low back, diarrhea with cramping pain to the lower abdomen along with gas, along with right thumb and hand swelling that was noted to have decreased. The treating physician also noted that the injured worker's upper gastrointestinal tract symptoms are better controlled. Examination reveals slight left lower quadrant tenderness to palpation and hyperactive bowel sounds. The treating physician requested Ondansetron 4mg with a quantity of 60 for nausea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 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, Pain (Chronic), Ondansetron (Zofran). (2015).

**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, Zofran.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 4 mg #60 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, in this case, the injured worker's working diagnoses are chronic pain state, diabetes mellitus type II, hypertension, GERD, irritable bowel syndrome, chronic headaches migraine type, depression and anxiety, insomnia, etc. (see list of diagnoses in the medical record). The date of injury is November 10, 1999. The request for authorization is June 10, 2015. The earliest progress note from the requesting provider (internal medicine) is dated November 26, 2014. The injured worker has subjective complaints of headache, nausea and vomiting. The worker takes Roxycodone 15 mg and 30 mg preparations and Norco. The most recent progress of the medical record dated June 3, 2015. Subjectively, the injured worker's gastrointestinal symptoms are better controlled. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. Documentation shows the injured worker is taking multiple opiates. Zofran is not recommended for nausea and vomiting secondary to opiate treatment. There is no documentation of chemotherapy, radiation treatment, post operative use or gastroenteritis. Consequently, absent clinical documentation with an appropriate clinical indication and rationale and the use of multiple opiates, Ondansetron (Zofran) 4 mg #60 is not medically necessary.